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ART. I.—*Bloodletting in View of the Peculiarities of the Present Age.*

—An Essay read by appointment before the Medical Society of New Jersey, January 27th, 1858. By J. HENRY CLARK, M.D., Newark, N. J.

IN order to fulfil my intention of preparing a paper that should cover the whole ground, I delayed its preparation in the hope of obtaining several books necessary for the accomplishment of this purpose. These books I have failed to get, and must do as well as I can without them. Moreover, the time that I had devoted to the preparation of this essay was unexpectedly occupied, so that I am driven, at the last moment, either to fail of fulfilling my appointment, or to do it in a manner that will surely fail to satisfy my aims, and, perhaps, to accomplish the purpose of the Society in making the appointment.

Bloodletting has been regarded a remedy of importance by physicians of every age, away back to the earliest record of medical opinions or practices. It was in common use among those who practised the healing art among the Egyptians, Assyrians, and Scythians, when anatomy had never been cultivated, and physicians were mere unlettered nostrum mongers, or charm workers. The Greeks boast that Podalerius, the son of Esculapius, was the first who practised bleeding, and that he did so soon after the siege of Troy; but this fact is related by only one author, who lived too long afterwards to be credited implicitly. It is probable that it had been practised long before.

Pliny supposes that physicians learned to bleed by observing the hippopotamus draw blood by pushing sharp reeds into his body. This is of course a fanciful absurdity.

Chirurgie was one of the "five branches" of Plato. Hippocrates, who was the first to combine medical facts into a systematic form, 460 years before Christ, alludes frequently to the use of the lancet.

Upon this subject the rival schools of Cnidus and Cos widely differed. While the latter frequently resorted to its use and to the use of potent drugs to combat local symptoms, the school of Cnidus preferred to do without the lancet as far as possible. They grouped important symptoms together, and, it would seem, preferred an expectant common sense mode of practice. Would that these principles had been taught all the way down through to our time; surely much less mischief would have been done. In that day flourished "Petronas," a sort of homœopath and Thompsonian combined.

Venesection was practised by the Romans, and also in Egypt, during the period of its greatest prosperity and renown. It seems, through all modern times, to have fluctuated with regard to the favor with which it has been regarded by the profession. If there was occasion for the satire of Dr. Sangrado, with his lancet and hot water, bleeding must have been greatly overused at that period. We can all understand how an unlettered or unthinking routine practitioner may become accustomed to fire his biggest guns all the time, and treat the larger number of his patients by means of calomel and the lancet. We have all learned that to refrain from medication requires more thought and discrimination than to open the saddlebags. Every barber's pole that we meet in the street tells us a tale of professional butchery. It is well known that the pole is designed to represent the staff to support the arm, while the serpentine white streak indicates the white bandage with which to tie it up after venesection has been performed. The barbers in England and on the continent still bleed without professional advice. In Sicily, where the traveller sees a people a half century, or perhaps double that, behind the age, I have seen men step into a barber's to be bled, with as much nonchalance as if the hair was to be cut, or the chin to be shaved. But this relates to a past age; let us come down to the present period.

That a great change has taken place in teachings and practice, no one can doubt. I have in my office a bushel of papers, left

behind by a grandparent, who well represented the views and practices of Rush. A man who should so teach and practise to-day would be regarded mad. In a book entitled "Consumption Curable," he regards the lancet as one of the most valuable remedies; we should feel *sure* that it was the *very worst*. Those who, twenty years ago or more, sat in the lecture-room of the medical colleges well remember how often we heard the phrase, "Bleed *ad libitum*, bleed in an upright posture to fainting." Venesection was never forgotten from the list of remedies in all acute diseases, and in many that were chronic. All apoplexies, all pleurisies, all inflammations, all accidents, hemorrhages, acute rheumatism, puerperal diseases, and the derangements of pregnancy were to be combated by the lancet. The extra blood was regarded as an enemy, to be drawn off as soon as possible, lest it might do mischief; though it was always found necessary, in a few days, to invite its return by iron tonics and a generous diet. That which the system required to rally and recover must first be spilled, in order to prevent some dreaded result. Even the homœopathists of that time taught that it was "homœopathic to bleed," and frequently opened a vein, as they said, "to gain time." Of course, no one would bleed for any other motive at any time.

In looking back, we perceive that the use of the lancet has been advised and practised uniformly—

1st. To relieve inflammation.

2d. To direct in other channels when locally determined.

3d. As an alterative.

When neither of these motives presented itself, the lancet has often been employed experimentally. For example, it had its advocates as a remedy for cholera and other anæmic conditions. A check to the practice of excessive bleeding was given by the writings of Marshall Hall, which I remember to have influenced my own mind very much, twenty years ago. *Hall on Bloodletting* (which, by the by, I have not seen in many years) produced, perhaps, as powerful an influence to deter physicians from the use of the lancet, as *Hamilton on Purgatives* did, at a previous period, to induce the indiscriminate use of cathartics. The work of Dr. Hall was timely and useful. If it was within my reach I should be glad to make more particular reference to it.

We find now that cathartics, dieting, cold water, and counter-

irritation will control inflammation with as much certainty as did the lancet in the hands of our fathers. We find that Rochelle salts will cure acute rheumatism better, quicker, and safer than bleeding and antimony; that even puerperal fever will yield to opium, some believe, more certainly than the lancet; that it is not necessary in apoplexy, accidents, and hemorrhages, nor desirable in disorders of pregnancy, and never proper to be used as an alterative, without a better reason than habit, or that it is the spring of the year, nor for many other reasons that formerly induced its use. Bloodletting should never be resorted to without a *definite* adequate reason.

Mankind, in their opinions, are like birds on a telegraph wire, who continually fly from one end to another. There is a great deal of human nature among doctors. Is the change in opinion on this subject induced by caprice or fashion? Are we persuaded by popular prejudice to abandon a remedy of value? It is well known that emetics are often valuable to fulfil various indications, but they have almost passed into disuse, because of popular prejudice. With regard to both remedies, the pendulum will soon swing back, and will, very likely, pass too far the other side. To find the "juste milieu" is the point of attainment to which we should aspire, and to *keep* it is a most important and difficult achievement.

I am persuaded that for some reason there is a change in the character of the diseases of the present age; that this cycle is marked by conditions of anæmia rather than repletion. Dr. Bennett, a writer in the *Edinburgh Medical Journal* (upon which I could not lay my hands), offers this opinion, I am told, and takes substantially the same views of bloodletting that were so firmly held by our medical ancestors. I should have been glad to have quoted from him.

No authority would satisfy me that in my range of experience the past quarter of a century, during most of which I have been a practitioner of medicine, has not worked out physical changes which induce different pathological results from those formerly observed.

Diseases of the mucous membrane are much more frequent; while those of its serous tissues are less so. Intermittents, phthisis-pneumonia, bronchitis, dyspepsia, chronic diseases of the liver,

kidneys, spine and womb, are oftener met with; while apoplexy, pleurisy, inflammation of the bowels, indeed all violent acute affections, are more seldom encountered. There is not one physician present who will not join me in the statement that few cases of acute pleurisy come under his observation now, while formerly it was about the most common disease of the winter months. Diseases have altered their type; they run a shorter course, and there is a greater tendency to the anæmic condition. Those long fevers, the everlasting consumptions, and bed-ridden cases, so much seen in our younger days, are less often met with. Either we better know how to treat them, or they sooner reach a fatal termination than formerly. There is unquestionably a change in the constitution of our people, and some of the reasons are evident. Although on this subject I expect to encounter differences of opinion, I shall venture to state what appears to me as some of the reasons for this change.

All inquirers are liable to fail of discovering the truth, because they look too far, while it lies just before them. In relation to this subject, there are some facts within every day's observation which may be overlooked because familiar. The enlightenment of the present medical age, with its philosophical observations and deductions, the more accurate observation of the laws and operations of nature, superadded to the indirect influence of charlatans, with their quack books and advertisements, which influences medical teachings and practice, has undoubtedly driven bleeding into disuse; still there are several reasons which may be assigned why the remedy is less needed by this generation than by the one that has just preceded it. Among these changes in the habits of our people, I would mention—

1st. The age is characterized by excessive activity.

2d. There is less care taken than formerly to secure time to eat and leisure to rest.

3d. The former generation lived more in the open air, and took more exercise.

4th. They eat more nutritious food.

5th. This is emphatically a temperance age; it is an age of ultra temperance. We are influenced, undoubtedly, by an honest desire to present a pure example to others, and to avoid those

excesses that tend to shorten our lives or abridge our usefulness. There may be, physiologically speaking, an excess of virtue.

Those who have a moral or religious character to sustain, regard it necessary wholly to abstain from stimulants, whatever be their constitutional tendencies.

It is often remarked that we all live faster than our forefathers. No man is content to do a moderate business who can in any way increase it. Our people seem to feel that time is lost which is devoted to rest, social pleasures, or rational recreation. A day is valued only by the dollars which it will produce, and most persons seem obligated to fill up every hour with profitable engagements. This national characteristic was not developed to any such degree in days when we had no telegraph wires or railroad communications. Now the whole country are neighbors to one another, and therefore there is more temptation to increase the number of business engagements and connections. Eating and sleeping are regarded as certain interrupting duties, to be performed with as little ceremony as possible, and in the shortest time. In former years our houses were less carefully constructed, and modern labor-saving contrivances were unknown. More exercise was necessary, and more time was spent in the open air by both sexes. In these days the car, the stage, the omnibus, the ferry boat, are all tightly inclosed, and the air of heaven is as carefully excluded from all human habitations, as if it was pestilential in its character. In these days food is less simply prepared, and the stomach is so teased out of its propriety by sweets and dainties that good, solid, nutritious food is unpalatable. Owing to all these causes combined, we eat less nutritious food than formerly.

Mussy, Alcott, Graham, and a host of others, have lectured and printed against animal food, and have induced many to believe that the less food of any kind taken, the better; that the stomach would better perform its duties if given as little as possible to do, as if the organ was not designed to be *filled*. This erroneous teaching has introduced untruthful impressions, and led to unwise practices on the part of multitudes who require a generous diet. There are many who, like Timothy, require "a little wine for their stomach's sake," who refuse altogether any stimulant, adopting the doctrine of Carpenter, that the smallest

amount of stimulant is to an extent an evil. The past generation used cider and other stimulants in great quantities. They were regarded as necessary as meat, sugar, and bread. The present eschew them altogether. It is true that there is much drinking in the whole country, but it is not as formerly distributed throughout the community. Many use stimulants who should wholly abstain, many entirely abstain who need to take them in moderate quantities.

All these causes, which relate to the habits of our people, seem to me calculated to produce a change in the constitutional peculiarities of the present age that would be likely to demand less depletion. Certain it is that venesection has been greatly abused. Public opinion, which often but reflects medical opinion, once held, has ever regarded it with great favor. A horse must be bled *because* he was going to "be turned out," of course, notwithstanding that he was jaded down by many months of wearing, exhausting servitude. It was regarded healthy to lose blood once a year any way, and an excess of the vital fluid was regarded as a danger to be certainly guarded against. Upon the supposition of this danger many maxims were formerly current in the community, and among the profession. In cases of apoplexy much mischief has undoubtedly been done with the lancet.

Dr. Todd, of King's College Hospital, London, in his clinical lectures on "Diseases of the Brain," which sheds a flood of light on the pathology of cerebral disease, points out with remarkable distinctness the *manner* in which bleeding does mischief in cases of apoplexy and paralysis. In the chapter on "White Softening of the Brain," Dr. Todd remarks, on p. 116: "There is no determination of blood to the head in these cases, but the reverse." He further remarks on the next page: "There is a practice unfortunately too common, but which I think is every day becoming less so; namely, that of following an attack of apoplexy very much as a matter of course by depletive measures."

After detailing a case, the same author remarks: "This case is one of many which proclaim loudly that a depletory system ought not to be pursued indiscriminately, or *even generally*, in apoplectic cases." In relation to this class of diseases this author is very far in advance of all previous investigators.

There is a strong inducement to use the lancet in country prac-

tice. The ride being long, it is perhaps uncertain when the patient can be seen again. In the meanwhile, inflammation may have progressed beyond the point where it can be arrested. Still it is evidently bad practice to abstract blood, and in a few days or weeks be found assiduously endeavoring to restore the vital fluid, or recover to it its lost constituents. The disease would not probably do worse if the rebellious fluid had been retained. The essential need in the process of recuperation is healthy blood; being spilled, it is difficult in many cases, and in some instances impossible ever to restore fully the loss. I am certain that it required two full years in my own case to recover from the effects of two bleedings in a single week, while suffering from an attack of acute rheumatism. I have had eight attacks, and have been treated in every way. I declare bleeding and antimony to be the worst of all methods. This personal experience is confirmed in the treatment of the disease in other patients.

About two years ago I was called to a pale, delicate, frail looking woman, recently married; I was requested to regard myself as her physician; I was informed that she was accustomed to severe attacks of "congestion of the lungs," and was desired to follow the course of treatment hitherto pursued. This was indicated in a letter from her former medical attendant in one of the northern towns of the State of New York. He says: "No remedy will avail but the lancet; a free, full bleeding, promptly employed, will relieve the symptoms." I protested against bleeding such a patient, and was only retained upon the promise that I would bleed if I regarded it necessary. A few weeks afterwards I saw her pass my house from church, and within fifteen minutes I was hastily summoned to attend her. I found her in a hysteric condition, her bowels and feet cool, and *breathing with very great difficulty*. The difficulty of breathing was the pressing symptom that gave the family most concern, and which induced the suggestion of "congestion of the lungs," which it resembled in no other particular. I found a bowl and bandage ready. As I entered the room, she cried, "Oh, bleed me, Doctor, as quick as possible!" The husband joined in the demand. I opened a vein and drew a teaspoonful, standing in such a position that none could see how small a quantity was abstracted. I managed to push the bowl under the bed, when the way was clear to employ my

own remedies. I beat up twenty drops of chloroform in the white of an egg, and administered it. I put bottles of water to the feet and hands, and applied chloroform externally to the chest, carefully covering it so that the remedy would not add to the difficulty of respiration; in a few moments she was relieved. I then showed her the bowl, and satisfied her that the lancet was not, as she supposed, the only remedy. She never desired to be bled again. In a few months these paroxysms were relieved by dilating the os uteri with graduated metallic bougies, and by iron tonics combined with a generous diet, and much exercise in the open air. The uterine difficulty was evidently the remote cause of these paroxysms; while the frequent bleedings was the proximate cause. Permit me again to refer to my own experience. Ten years ago, when I saw about three hundred cases a year of disease of the eye and ear, I cupped usually several times a week; now, when I probably prescribe for more than fifteen hundred, I frequently do not abstract blood in any way once a month. A considerable number of cases of ophthalmia from intermittent districts, or from among those who have been confined on shipboard, and others evidently anæmic, that ten years ago I would have cupped, I now treat with quinine, even when the inflammation is considerable. I order, instead of cups, beef steak and porter, and am very seldom disappointed in the result. The symptoms of depletion and repletion are so similar, that it requires very nice discrimination always to judge properly. The lancet in the hands of professional and unprofessional operators, in my judgment, has done more harm than the sword. It is certain that locality affects the character of diseases, and must influence the remedies employed. During the past year I have conversed with many physicians in different sections of the country; I find that some are so accustomed to this mode of affording relief to patients who are suffering from violent inflammatory attacks, that they are unwilling to consider the possibility that a different course would prove efficacious. All whom I have met admit that diseases are milder in their character, that inflammation is less severe and more readily yields to remedies than formerly. Also that patients oftener pass into a typhoid or debilitated condition as the result of active treatment. Country practitioners, especially those who practise in mountainous regions or hilly countries, regard

bloodletting with more favor, but even they admit that it is much less required than formerly. In our cities, fashion, popular prejudice, and the conviction that it is less often required than has been before supposed, seem to lead almost to its abandonment. Probably it is not by some practitioners as much employed as it ought to be, for it is a remedy of value, and fills an important place. We are not called upon to atone for the sins of the past, by abandoning entirely a remedy upon which our medical ancestors so greatly depended.

In that section of our State which skirts New York Bay and its tributaries on the west, there is a tendency to intermittent disease. The same is true equally of New York City, the island of Manhattan, and the west end of Long Island. In this whole section of country, I am disposed to believe that the lancet is now very little required. If my own experience for the past five years is any criterion, it is not much required in Newark. I have abstracted blood by means of cups, from the head, chest, and eyes, in many cases with manifest advantage, but have in only a few instances resorted to general bloodletting during this period. In no cases is topical bleeding so surely useful as in pneumonitis.

In these cases, as well as in certain affections of the eyes, we cannot wait for the operation of other remedies; bleeding is therefore not only admissible, but required. In all cases where the delay will not be likely to prove dangerous, it seems to me desirable to withhold it. I am persuaded that it is a more important remedy than it has been regarded, and should not be decided upon without the most careful consideration with regard to its immediate effects, and its ultimate results.

We can never drop it for the list of appliances by which disease is to be combated, and inflammatory action controlled; still, it should never be forgotten that this remedy does belong to that apocryphal catalogue which does no harm, if no good is accomplished. It is a remedy of *power*, and while the present constitutional condition of our client obtains, it is useful and justifiable in emergencies. An age of repletion may be again reached before we have all left the stage of action, in which venesection will be oftener necessary, and may be as frequently employed, as now it is unfrequently required.

ART. II.—*Observations upon Otorrhœa as a Sequela to Scarlet Fever.* By LAURENCE TURNBULL, M. D., physician of the Eye and Ear Department, of the Western Clinical Infirmary of Philadelphia.

OTORRHŒA, or a chronic discharge from the ear, is one of the most frequent and tedious affections which the physician has to treat. It may properly be divided into two great classes, depending on the nature of the discharge, viz: mucous and purulent. The mucous form arises as a termination of catarrhal otitis, from measles, or whooping-cough. Its chief characteristic is the absence of true pus from the discharge, and its being found much more amenable to treatment than the purulent variety, which we design to treat in this paper. Occasionally we find this second form of discharge difficult to manage in scrofulous patients, when neglected; but if proper counter-irritation be made behind the ear, and great cleanliness of the ear and skin be enforced, with tonics, astringents, and slightly drastic purgatives, it will be found more amenable to treatment than the form depending on scarlet fever. The great importance of attention to this second form of otorrhœa (chiefly the result of scarlet fever) will be better understood, when I state that it is the chief cause of non-congenital deafness. This is proven by the records of the deaf and dumb institutions both of this country and of Europe.¹ An examination of the reports of the cases admitted into the Pennsylvania Institution for the Deaf and Dumb, in the City of Philadelphia, during the last six years, also proves the same fact. In 1852, of the thirty-three pupils admitted, seventeen were born deaf, three lost their hearing by scarlet fever, the remainder from five different causes, and four from cause unknown.

For the year 1853, of the twenty-six pupils admitted, twelve were born deaf, six lost their hearing by scarlet fever.

In 1854, of the forty-seven pupils admitted thirty-two were born deaf, three lost their hearing by scarlet fever.

¹ See Wilde on Diseases of the Ear.

In 1855, of the twenty-five pupils admitted, thirteen were born deaf, five lost their hearing by scarlet fever.

In 1856, "Of the sixty-three pupils admitted, 27 were born deaf, 12 lost their hearing by scarlet fever. In 1857, of the 26 pupils admitted, 11 were born deaf and 4 lost their hearing by scarlet fever. The large number for 1856 may be accounted for, by the fact that in that year the mortality from scarlet fever in Philadelphia was nine hundred and seventy-two in a population of 500,000, while in 1855, the deaths from scarlet fever were only 163. This fever also prevailed throughout the State as an epidemic, during the latter part of the year 1855 and 56.

Otorrhœa, resulting from scarlet fever, is a disease which, if it becomes purulent and chronic, is very difficult to cure. This, I find to be the opinion of almost every one who has devoted much attention to the subject. Itard¹ says: "It is of interminable duration, and is one of the gravest diseases of the organs of hearing." Mr. Wilde² remarks: "The most unmanageable cases of otorrhœa which I have met with in practice, in which the most destruction has taken place, and where the ossicula have been most frequently lost, have been the result of scarlatina." In my own practice, one case had existed for thirty-five years, in another, twelve years, and a third case, which came under my care, had been more or less under medical and surgical treatment, for seven years. In several other cases, the duration was respectively, one, two, and three years. The most recent cases have been the result of the late epidemic in our city. The profession has not, at any time, been sufficiently alive to the great importance of the treatment of acute inflammation of the tympanum, so as to prevent, if possible, the destruction of the internal portion of the ear, and the subsequent otorrhœa.

If the same amount of care and trouble were exercised by physicians in the treatment of the *ear*, as of the *throat*, a much smaller number of children would be permanently deaf, and a much smaller number would suffer from destruction of the tympanum, or with chronic otorrhœa for months or years after. Having been successful in all my cases, during the late epidemic,

¹ *Traité des Maladies de l'Oreille et de l'Audition.* Par J. M. G. Itard, p. 203.

² Wilde, p. 323.

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in preventing deafness, I will give an outline of my treatment, hoping it may save a few children that important organ, the ear, so adapted to increase knowledge, and delight mankind.

Treatment.—In the early stage, when the scarlet fever is at its height, we must endeavor to arrest the acute inflammation of the ear, by depletion, but care must be exercised, as this exanthem will frequently assume a low type, which was the case during the recent epidemic. In such cases, local depletion (by leeches or small cups, to the mastoid process and antitragus) should be employed as soon as acute pain is complained of, and sometimes it will be found necessary to make pressure, as the child may be too young to indicate the point of pain, except by sudden screaming and crying; but pressure at the lower portion of the ear will reveal the cause instantly.

Local depletion should be repeated at intervals, and in such quantities as the strength of the child will permit, assisted by active purgation by a drastic agent, as jalap, scammony, or senna, in infusion, while, at the same time, we support the child's strength with nourishing diet, &c.

If the case will not bear depletion, or we are called too late, then we must still apply counter-irritation, and purge the patient, but should suppuration have commenced, indicated by a chill, with increased pain, of a darting and throbbing nature, with a sense of bursting in the ear, the meatus, on examination, being of a livid red color, with the membrane of the tympanum red and swollen, our proper plan is to introduce a delicate cataract needle and puncture the membrane. This will liberate the fluid; the purulent matter being pent up in the tympanum, from which it cannot escape through the Eustachian tube, it may ulcerate its passage externally, or may, by its contact, cause destruction of the internal ear, with destruction of the tympanum by rupture, or even extend towards the meninges of the brain, being not only fatal to the organs of hearing, but even to life itself. Cases are on record, in which this ulcerative process has extended, so as to open the carotid artery into the Eustachian tube, causing death from hemorrhage from the ear. Or the extension to the brain may be in the form of effusion or disease of the periosteum and death from convulsions. But instead of this extension your remedies may have prevented

death, and the disease may now take on the subacute form attended with a discharge of a muco-purulent or sero-purulent matter. The treatment in such cases must be both general and local. The general treatment, which is of the utmost importance, is to improve the blood by tonics of iron, quinine, and cod-liver oil, with the frequent use of the bath, or wet towel, with frictions, and out-door exercise in clear weather. The local treatment should be directed to the throat, by the application of solid nitrate of silver to the region of the Eustachian tube, every third day, with stimulating gargles, and the internal use of weak astringent washes to the ear, while most active counter-irritation should be kept up by blisters, setons, or croton oil, applied over the mastoid region and tonsils. In some of the most unpromising cases the otorrhœa will gradually cease, and the disease may thus be cured; and if the case becomes chronic, then the treatment must be continued for months, and even years, as may be seen by the record of a few cases.

CASE I. Scarlatina, Loss of Membrana Tympani, Deafness, Otorrhœa.—July 11, 1856. John B., æt. 10, had scarlet fever at the age of three; deafness has ever since prevailed, with otorrhœa on both sides; the external ear in normal condition; meatus, good size; membrana tympani quite gone on right side, while on the left it is thickened with a small opening in its centre.

He is pale, of scrofulous diathesis, with several enlarged cervical glands; nose and throat in an irritable condition. Able to pass air through both Eustachian tubes.

Treatment.—After washing and drying out the meatus, and opening in left membrana tympani, it was brushed over with a solution of nitrate of silver every third day, while internally was administered cod-liver oil and $\frac{1}{2}$ grain of sulphate of quinia in solution three times a day; counter-irritation behind the ear by tincture of iodine.

January, 1857. After six months' treatment, the otorrhœa on left side is quite gone, and the opening filled up, while the discharge from the right is very slight, unless on exposure to cold air, which is much obviated by the introduction of a portion of glycerine on a pellet of cotton, and avoidance of cold winds.

The hearing was so much improved that he was able to resume his school duties, requiring no artificial aid.

CASE II.—*July 22, 1856.* David R., æt. five years, had scarlet fever at the age of two years and seven months, membrana tympani in part gone; general health not good, pale, anæmic; cleansing and application of solution of nitrate of silver, with the internal use of sulphate of cinchona, one grain, three times a day; and as a local astringent, gr. v cupri sulphas to ʒj of water; and to moisten the meatus with glycerine, in which was suspended acid tannic.

Nov. 1857. Hearing much improved, and discharge improved. (Case did not return.)

CASE III. *Scarlatina, Loss of Tympani, Deafness, Rheumatism with Polypus.*—*August 15, 1856.* William J. M., æt. 28 years; otorrhœa from both ears; had scarlet fever at the age of sixteen; could only hear the tick of the watch when applied over the temporal bone; Eustachian tubes both closed; bent almost double with rheumatism; right ear, membrana tympani entirely gone, and no malleus visible; left ear filled up with a polypus, covered with yellow pus, and flowing out over the edge of the meatus.

Treatment.—Two grains of iodide of potassium three times a day, with a wash of ten grains zinci sulphas, to be dropped into the left ear. After cleansing with cotton, applied solid nitrate of silver to growths, by means of Wilde's caustic holder. Finding, after several trials during August, not much reduction in size, I twisted off portions, at three different sittings, and, as the hemorrhage was considerable, I applied powdered alum, and again used the nitrate of silver to get rid of what was still at the bottom, but found it did not entirely destroy the spongy granulations, after eight months' persevering trial.

Feb'y, 1857. Applied a saturated solution of zinci chlorid., on a piece of cotton, by means of the speculum, for three weeks, with the entire contraction of the granulations, so that now, I can see the membrana tympani, and an orifice from which the whole mass of granulations seems to have sprouted, and as I touch the surface, he feels a disposition in his throat to cough. His general health is much improved, being able to straighten himself, and rheumatism gone.

March, 1857. Dilated the Eustachian tube by means of Wild's catheter and warm air twice, at two weeks' interval. His hearing is so much improved that he can hear me speak to him at a distance of six or seven feet. Gradually the membrana tympani closed over, and he was discharged, cured.

This case was one of great interest, and shows the good results to be obtained by persevering efforts, assisted as it must be, by the willing help of the patient, and the use of constitutional remedies.

CASE IV. *Otorrhœa*, of twelve years' duration, of both Ears, with Perforation of Membrana Tympani on one side: Improved.—April 15, 1857. Benj. D. F., æt. 24; a healthy-looking young man, of fair complexion and blue eyes. When he speaks, it sounds as if there was some obstruction in the throat or nose. (Blacksmith.) He stated that he had scarlet fever at the age of about twelve, but of a mild character. On getting well, he had more or less discharge from both ears, and was deaf, and although he has been under the care of several physicians, he has become worse, so that he is unable to attend properly to his duties in his father's shop. On examination with Wild's speculum, found the right membrana tympani with a small opening in it, but he was not able to pass air through it, from obstruction of the Eustachian tube; there was also redness of the external meatus; hearing distance, one inch; left ear, discharge, with redness, and in places whiteness of the membrane, but no perforation; able to inflate the membrane on this side; hearing distance, three inches. Throat—both tonsils very much enlarged, but not very hard; relaxation and elongation of uvula, with engorgement. Removed uvula, made application of zinci chlorid., in solution, to tonsils, and directed cleansing of the ear by a syringe, and application of solution of zinci sulphas, with vin. opii gr. x to three ounces of distilled water, three times a day. For internal use, syr. sarsap. comp., with gr. j bichl. hydrarg., a wineglassful three times a day, with nourishing diet.

22d. Throat of a much better color, and speaks plainer; not much improved in discharge from ear, which annoys him, having to wipe it very frequently through the day, as I directed him to

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keep no cotton in the ear, but to wash it frequently each day with the wash diluted.

Treatment of throat continued; applied cantharidal collodion below and in front of the ear, with application of x gr. solution of argenti nitratis to ear, with insufflation of powdered alum to throat and nose.

25th. Very much improved. Ordered him solution of iodine comp., ten drops three times a day in infusion of hops.

May 16. Finding the Eustachian tube continued obstructed, introduced Eustachian catheter, and gently dilated it with warm air, which produced a feeling of faintness, but which soon passed off. Same treatment continued.

23d. Catheter again introduced, no feelings of faintness being produced. Same treatment.

27th. Both ears discharge less. Eustachian tube open, the air passing through it into the middle ear, and being discharged from thence outwards, by the perforated membrana tympani. Hearing improved.

June 3. Had a slight relapse from catarrh; throat more congested; discharge from ear increased; applied solution to the throat, also mild solution to the ear; directed demulcents to be used.

20th. Again improving, but is feeble. Ordered tonics, sulphate of quinine, and cod-liver oil.

July 11. Discharge ceased; complains of pain in his head. Ordered blisters behind ears, and an infusion of senna, to keep up action on the bowels, so as to prevent a return of the pain.

August. Called again at the infirmary, and informed me he was so much improved as to be able to take his place as superintendent of the shop, and when on a recent visit to the river, he could hear the noise of the steamboat, which he had not been able to do for many years.

CASE V. *Otorrhœa of both Ears of five years' duration, with loss of both Membrana Tympani.*—The result of scarlet fever and measles. Mary T., æt. 8 years, a delicate dark-eyed girl, is deaf in both ears, with great irritation from profuse purulent discharge, the odor from which is very offensive. Has tried numerous physicians without success. After the acute attack, the father was

directed by his physician to syringe the ears, every few days, with tepid water, which he continued, until one day the discharge came through the nose, and the child cried out that something had burst, since which time numerous applications have been tried, but with no permanent benefit.

On a careful examination and removal of the profuse secretion by pellets of cotton, I found both membrana tympani entirely gone, the discharge proceeding from the middle ear. The tonsils were enlarged, the throat red and congested, with several enlarged cervical glands.

I directed simple cleansing of the ear with an infusion of chamomile flowers, several times a day, with a weak lotion of subacetate of lead, to reduce the irritation of the auricle, to be applied with a pledget of lint. Also, a solution of zinci sulphas gr. j to the 3j of water, applied by means of a small syringe, and then to allow it to flow out.

Directed, also, that her diet should be nourishing, with the use of cod-liver oil, a teaspoonful three times a day, with a salt bath once a week.

March 24. To-day, offensive discharge much less, right ear very much improved in appearance. Directed $\frac{1}{2}$ gr. of sulphate of quinia three times a day with the cod-liver oil to be continued.

April 8. Much improved in all respects; discharge still continues; was able to resume school duties.

CASE VI. *Cephalic Otorrhœa the result of Scarlet Fever of three years' duration; Post-mortem.*—Mary H., æt. six years; had scarlet fever severely when three years of age. Was a long time feeble, but her ear was not treated, except to wash and keep it clean.

Towards May, 1857, the child began to complain very much, and came to my office. Ordered a small blister, with a solution of one gr. sulphate of zinc to one ounce of water. As an internal tonic $\frac{1}{2}$ gr. sulphate of quinia three times a day. On examination, the right membrana tympani was gone, and there was considerable discharge of unhealthy pus from the ear, showing disease of the bones. Having been benefited by the treatment, she did not return to the office until June 6th, when she was suffering intense pain from catarrh in her head, the discharge being much increased from exposure; being a very wilful child, the parent

had but little control over her. I directed counter-irritation to be renewed, with the internal use of an opiate, to relieve pain; did not leech her on account of her feeble state.

Visited her on the 8th. Pain still very persistent, and head bent to the side of the affected ear. Fearing convulsions, ordered four leeches to the back of each ear, with sedatives internally, opiate fomentations to the ear, and warmth to the feet, baths, &c. In spite of treatment she continued to grow worse, and had a severe attack of convulsions on June 26th, which yielded to leeching and cold applications, but was soon followed by a state of coma.

She died on the 28th of June, but previously had considerable discharge of pus from her nose, and was unable to swallow for a day or two before convulsions set in.

The family being very unwilling to allow an examination, I was only permitted to remove the temporal bone and ear, which I did by sawing a V shaped piece, and removing the ear entire. The coverings of the brain, in spite of her anæmic condition and her inability to take nourishment, were much congested and thickened, with effusion of fluid in the ventricles, with considerable softening of the substance of the brain.

Ear.—The membrana tympani was almost gone, but, strange to state, in the middle ear, although filled up with green pus, and the membrane soft and detached, I found the malleus and incus, which I have in my collection, but on cleansing the two bones they were found ulcerated. The semicircular canals and cochlea were almost free from disease, which had passed from the middle ear to the membranes and brain, causing a low form of inflammation, with softening and effusion, ending in convulsions and death. What seemed very remarkable in this case, was the long period which the small bones remained in the ear in spite of the discharge, showing how slowly the ligaments which attach the bones ulcerate; thus accounting for the power of hearing in many persons suffering from otorrhœa; the chain of bones, although ulcerated, yet retaining their place, and communicating the sound to the nervous expansion of the auditory nerve. She had no symptoms during life, of facial paralysis; the bending of the head to one side seeming to indicate some disease of the top of the vertebræ, but no examination of that part was permitted by the family.

This imperfect paper on otorrhœa, as a result of exanthematous inflammation of the mucous lining of the tympanal cavity, or extension of the same affection from the throat, upwards through the Eustachian tube, I am well aware is not arranged according to the anatomical classification of Mr. Toynbee, the most distinguished authority on this subject, for although I consider his a good one, yet it has its defects in its extreme subdivision of tissue affected. It is still doubtful to my mind how he, or any one else, can determine the precise tissue which is affected in chronic discharge from the ear, more especially at a public clinic, for the time afforded for examination of each case is often so short, the history given so imperfect, that it is difficult from the patient's statement to know what was the primary cause of the mischief; for we certainly cannot, with all the light we can throw upon it, state which of the five layers of the membrana tympani is affected, when, perhaps, it has been for years bathed in pus, mucus, or a substance which resembles very much the curdy matter found in serofulous abscesses.

For those interested, I will here give a synopsis of the class of cases met with in my public clinic at the Western Infirmary.

A discharge from the ear will make one-half of my cases arising from chronic inflammation of the external auditory canal, ulceration of the membrana tympani, or disease of the middle and internal ear. Accumulation of cerumen, causing deafness, or an entire want of it, with inflammation of the glands, occurred in about one-half of all my cases with or without pain and tinnitus aurium. Then follows, in point of frequency, catarrhal inflammation of the auditory passage or middle ear, with mucous accumulations in the Eustachian tube, forming one-tenth of the whole number.

Polypi and fungous excrescences in the auditory passages, or projecting through an ulcerated opening in the perforate membrane. Acute cases of inflammation of the membrana tympani are rare, but chronic cases are numerous, with opacity, thickening, &c., with or without occlusion of the Eustachian tube. This is one of the most difficult diseases to treat if it has been of long standing.

Eruptive affections of the auricle are numerous, as herpes, eczema &c.

There are certain diseases of the ear which are very rare, namely, nervous deafness, in which the auditory nerve is alone affected.

I will conclude by the recital of a case of complete perforation of the membrana tympani, in which there being no hope of restoring the natural membrane, an artificial one was substituted with benefit to the patient.

CASE VII. Otorrhœa with Perforation of the Membrana Tympani, with the Application of an Artificial Membrane with Success.—James Riddle, æt. 24 years, a native of Ireland, by occupation a silk weaver, applied January 21, 1858, at the Infirmary, on account of a troublesome discharge and deafness in his right ear, from scarlet fever, which he had at the age of thirteen. He has become so deaf as not to hear a watch with the right ear, even when placed in immediate contact.

On examination with a good light, the meatus was found filled up with dry mucus, pus, &c., upon removal of which, by careful syringing with warm water, the membrana tympani was found entirely gone, and the lining membrane of the meatus thickened and contracted. Astringent and stimulating injections were now employed to change and alter the secretion, and he was directed five grains of iodide of potassium in an infusion of humuli, three times a day, with counter-irritation behind the ear, by cantharidal collodion, and to cleanse the ear with warm water three times a day.

January 23. Parts free from accumulation. After wiping out discharge of pus, &c., a small portion of finely powdered cupri sulphas was blown upon the altered mucous membrane, and a wash of zinci sulphas gr. j to each f3j aqua, was directed to be employed after washing out the ear.

26th. Discharge has moderated, but hearing not improved, not being able to pass air through the Eustachian tube. I therefore carefully introduced the Eustachian catheter at two different sittings, and passed air, after some time, through the discharge, so that I could hear the air bubbling by the aid of the otoscope.

29th. Same treatment; still improving.

February 9. Discharge still less. Tried the moistened cotton, so as to improve the hearing, but it increased the discharge;

although removed and cleansed, the itching was so intolerable, that he removed it, being unable to bear it, and again resorted to astringent and stimulating applications to moderate the discharge.

12th. Introduced an artificial tympanum of vulcanized India rubber, made by Mr. Kobe, of this city, which gave him no pain, and his hearing was improved.

15th. The discharge is again on the increase, and has blackened the silver wire, and caused the India rubber to wrinkle and change its color, so that it was removed, and the ear allowed to rest.

18th. Is very comfortable to-day; can hear best in the open air. Introduced the tympanum himself, he finding out the right spot; for if he pushes it too far, it is of no use to him. He has been testing his powers of hearing by a clock.

24th. Returned to-day and states that he cannot hear so well; when, upon examination, I found the Eustachian tube blocked up again with mucous accumulations. I again dilated it with a series of injections of warm air; and on filling up the ear with a weak solution of cupri sulphas, by making an effort to swallow air passed up in bubbles through the liquid. This effort to swallow, with the nose and mouth closed, I told him to make each day when he removed his artificial membrane, so as to keep the tube pervious.

Conclusion.—This patient continued to visit the Infirmary twice a week until the 17th of March, when he left for the country, having but slight discharge, just sufficient to moisten the artificial membrane; being able to hear conversation with ease and comfort, and even the ticking of an ordinary clock across a room.

ART. III.—*Is the Negro a Distinct Species?* A Reply to the Article of Dr. Abraham Coles in the December No. By CHARLES F. J. LEHLBACH, M. D., Newark, N. J.

NEXT to converting one's opponents, there is nothing so gratifying in a controversy as to be understood. Hence I was pleased on perusing the article of Dr. Coles, to find that he had under-

stood my "song," even when I performed on an Irish bagpipe. When one writes an article under the constant fear of being misunderstood, there can be but friendly feelings toward him who is able to appreciate one's thoughts; and out of simple regard for Dr. Coles I shall endeavor to perform a few more of those wondrous feats that have yielded so much amusement to him. After having seen the bull tossing himself upon his own horns, perchance, if he looks sharp, he may see him jump over his own tail.

But Dr. Coles is performing similar feats. He is sure that the Hibernianism of which I here plead guilty, is a new proof of the unity of the race, because I am a German. Yet it proves only what I endeavored to show in my former article, namely, that *physical* differences do not away with our spiritual brotherhood, nothing more.

I might almost be angry with the Doctor for his indiscretion. He has looked at my teeth, and without the slightest forbearance tells his readers that I am a young man. Shocking! What business has a young man to know anything, to write anything, to do anything, and especially to *oppose* anything? What business has he to suppose that he has a right to expect his views criticized according to their merits, and not according to his *teeth*? In contradistinction to this ordinary "pish" and "pshaw" that meet the young man, how great the Doctor's magnanimity! how great his condescension! Let me not be understood as if I did not appreciate Dr. Coles' feelings in this matter. I entertain for him the highest regard; and if, during the excitement of this controversy, involving, as it does, most important principles, I have uttered aught that should have given offence, all I can say is, that it was done unintentionally. I have no other object than truth. If I have said anything harsh, it is "not because I loved Caesar less, but because I love Rome more."

My opinion that Dr. Coles' arguments in favor of the unity of mankind, amount to little or nothing, has only been strengthened by his last article. The Scripture argument, or rather *assertions* as to the bearing of the Scriptures upon the question, play an important part in it, and yet nothing new is brought forth. It is but a reiteration of the assertion that the Bible is competent to teach us on purely scientific facts. Stop!

Dr. Coles does not say that. To get his meaning right, I will quote—

"To pretend that the Bible is silent and bears no testimony on the subject of man's origin is absurd, nay more, it is dishonest. Everybody knows, or ought to know, better. Or, to say as some are fond of doing, that, being an affair of science, its testimony thereon is of no value, is manifestly both foolish and impious. *What revelation formally and expressly teaches, must be true, no matter what the subject.*¹ It does not teach astronomy, because this does not properly fall within its purview or purpose. But it does teach the creation of man, because it has to do with man; is anthropological in its whole scope and design."

It needs no strained syllogism, but only an impartial consideration to perceive that there is a little inconsistency in this reasoning, which becomes more glaring the closer it is inspected. If the Bible is to be made a text-book of ethnology or anthropology because it treats of man's creation, then it must also be a text-book of astronomy, because it treats of the creation of the sun, moon, and stars; a text-book of zoology, because it treats of the creation of animals. "*What revelation formally and expressly teaches must be true, no matter what the subject,*" says Dr. Coles. It formally and expressly treats of the creation of the orbs, as formally and expressly as that of man, while it also formally and expressly states *that God commanded the sun to stand still*. According to Dr. Coles' argument, there can be no compromise in this matter. He must believe that astronomy, as founded by Galileo, is all a lie, that all the principles and laws of planetary motion discovered by Copernicus, Herschel, and Newton, are illusions. Does Dr. Coles believe it? Or is he willing to assume, that at that period of the world's existence the sun really moved around the earth? If Dr. Coles assumes to discard the authority of the Bible as regards astronomy, notwithstanding it treats of the creation of the sun, moon, and stars, and speaks of God as commanding the sun to stand still, without subjecting himself to the suspicion of infidelity; why not grant to others the same privilege in regard to another branch of science? I simply ask, whether the Bible is claimed to be a text-book of ethnology? If it is, it must be sub-

¹ Italics my own.

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ject to the criticism of progressing science, like any other textbook; if not, why in the name of common sense is it dragged into this discussion, on which it has no bearing, which is nothing more nor less than blasphemy, because it is using the word of God in vain. Is it necessary for a man's salvation to believe that the sun stood still, and that the negroes are but degenerated specimens of the white race? Can you point out where Christ or his apostles have made the implicit belief in every word that is said about the origin and development of the Jewish race in the Old Testament, a *sine qua non* of Christianity? If not, then please let me consider your cavillings and scoffings, and ridicule, and sneerings at science, as not based upon the Bible, but as founded upon false notions and a morbid exaggeration. Dr. Coles must certainly be familiar with the views of many eminent and pious theologians,¹ who hold that a distinction must be made between the Old Testament and the New, and again between the historical

¹ The following extracts are from "Zuchthausstudien, die Frucht einer sechs-jährigen Einzelhaft." Von Georg F. Schlatter; Mannheim, 1857. Prison Studies, the fruit of six years' solitary confinement. By George F. Schlatter. The author, an enlightened and pious clergyman, who has but a short time ago been released from prison, to which he was condemned, because he had accepted office as member to the Provisory Constitutional Legislature in Baden, during the revolution of 1849, says: "At present, the most distinguished theologians of the orthodox school confine the divine revelations of the Bible only to its *religious truths*, but by no means to the rest of its contents, least of all to that portion which is subject to the investigation and decision of science;" and he then quotes Professor Kurtz, of Dorpat (a theologian, and avowedly belonging to the orthodox school), who in his essay, "Bibel und Astronomie," says: "With a proper conception of the Biblical record, and with a correct idea of Divine revelation, a contradiction is here entirely impossible, and from this reason, *because the Bible reveals nothing, and is not intended to reveal what natural science is capable of determining.*" And mark the emphatic language, when Prof. Kurtz continues: "We go further, and assert boldly, and with the *firm conviction* of not in the least degree *encroaching upon the character of the Sacred Writ* and sacred history, that the holy men of God in the Old and New Testament, whom the spirit of God moved to divine acts and words, could very well be entailed in errors, that were universally dominating in their time as regards views held in relation to natural science." . . . "Thus Moses could entertain not a few physically erroneous views on the nature of the starry heavens and the interior of the earth, when he conceived in prophetic spirit the history of the creation of heaven and earth, without rendering it necessary that he should thereby be freed from these errors; for the *Mosaic history of creation aims not at physical instruction at all, but at religious.*" [L.]

or incidental portions of the Scriptures, and their moral portions. Unfortunately some advocates of the diversity theory, blinded by local prejudices, have attempted to justify slavery on the ground of diversity of the human race. But how is it in regard to the Bible, upon which the unity theory is alleged to be based? Does Dr. Coles really need to be informed of a fact so notorious, that almost the whole clergy of almost one-half of the States of this glorious Republic are willing not only to prove slavery as *founded upon the Bible*, but to own, and traffic in human flesh?

But enough has been said upon this alleged bearing of the Scriptures upon this question. I shall, in order to be understood more perfectly, and to avoid any misconstruction, set down the following points, which have been argued so far, and which it will be proper for Dr. Coles to contend:—

1. *Ethnology* being like any other science, for instance, astronomy, based upon the study of phenomena, their resemblances and differences, it can only be studied by investigating the facts connected with these phenomena.

2. *Ethnology* being a science capable of improvement, a fact which cannot be denied, it *never has been* nor ever can be the subject of *revelation*. Revelation is at once perfect and forever perfect, cannot be *improved* by man, and cannot therefore apply to any part of human science, which we know from experience to be imperfect, and hence capable of progress.

3. The Bible being intended as a *moral* and *religious* code, it is the highest of follies to attempt to make it an authority in any *physical* science. It is not only folly to do so, but actually profane and impious.

4. It is no more a proof of infidelism to believe in the diversity of the origin of mankind, than it is a proof of infidelism to believe that the earth moves around the sun, though the clear and unequivocal language of the Bible implies that the sun moves around the earth.

5. The dragging of the Bible into this ethnological question, is hence not only uncalled for, but highly objectionable, because *revelation* is thereby lowered down to the level of an *imperfect* science by those who adduce it in evidence.

I still hold that the establishment of the diversity theory as a scientific fact, will not alter the affections and love of one race

towards another. Dr. Coles quotes Humboldt. Humboldt is certainly good authority. But he, like many other men of science, is authority only so far as facts are concerned. As Dr. Coles has probably taken his quotation from *Types of Mankind*, p. 60, I will add the commentary of Dr. Morton, to be found on the same page:—

"Humboldt's word *désolante* is true in sentiment and in morals; but, as you observe, it is wholly inapplicable to the physical reality. Nothing so humbles, so crushes my spirit, as to look into a mad-house, and behold the drivelling, brutal idiocy, so conspicuous in such places; it conveys a terrific idea of the disparity of human intelligence. But there is the unyielding, insuperable reality. It is *désolante*, indeed, to think, to know, that many of these poor mortals were born, were created so! But it appears to me to make little difference in the sentiment of the question, whether they came into the world with their wits, or whether they lost them afterwards. And so I would add, it makes little difference whether the mental inferiority of the Negro, the Samoyede, or the Indian, is natural or acquired; for if they ever possessed equal intelligence with the Caucasian, they have lost it, and if they never had it, they had nothing to lose. One party would arraign Providence for creating them originally different, another for placing them in circumstances by which they inevitably became so. Let us search out the truth and reconcile it afterwards."

To every word of which I subscribe. If Humboldt, or any other scientific authority, argues that the unity theory does away with the "*distinction désolante des races supérieures et des races inférieures*," it is only a sentimental phrase which does not disprove the distinction as it in reality exists. The sentence quoted by Dr. Coles bears on its face the philosophy of expediency. Much nearer to the truth, perhaps, would Humboldt's be, had he written: "*Nous maintenons l'unité de l'espèce humaine, seulement pour rejeter la distinction des races supérieures et des races inférieures, parce-que nous n'osons pas d'opposer prejudices universels.*" The fact that the negroes are actually of a lower intellectual capacity, may be *désolante*, but it destroys not our common brotherhood, because in their moral attributes, their joys and fears, their longings and yearnings, they are undoubtedly our equals.

One more quotation from Humboldt—one, by the way, which I italicize for the especial benefit of Dr. Coles. The illustrious

author of *Kosmos*, in a letter to Dr. Morton, says: "Les richesses craniologiques, que vous avez été assez heureux de réunir, ont trouvé en vous un digne interprète. Votre ouvrage, Monsieur, est également remarquable par la profondeur des vues anatomiques, par la detail numérique des rapports de conformation organique, *par l'absence des REVERIES POÉTIQUES qui sont les mythes de la physiologie moderne*," etc. Further on, Humboldt says that he would profit from Morton's views on the distribution of the human races, in his *Kosmos*. My only object in adducing this quotation, besides the Italicized portion, belonging to Dr. Coles, is to show the remarkable difference with which Morton's labors are viewed and appreciated by Humboldt and by Dr. Coles, who says that "Dr. Morton has determined the facial angle, and the dimensions in cubic inches, of a few crania collected by him from various parts, and what a clatter has been made about it." It might almost be inferred that Dr. Morton's labors were all humbug, from the manner in which Dr. Coles speaks of them. And yet Prof. Carus himself, a most distinguished naturalist and ethnologist, speaks of Morton in glowing terms, and frequently quotes him as the most reliable authority. (Ueber ungleiche Befaelirgung der verschiedenen Menschenstaemme fuer hoehere geistige Entwicklung.) I suggest to Dr. Coles a careful perusal of Morton's works, before he ventures upon another criticism of the father of American ethnology.

Dr. Coles goes into quite a lengthy argument that a race is capable of being changed into another by external influences. He adduces a few examples, where the brutalizing influences of hunger and ignorance are said to have changed a number of Irishmen into another race! And what do these few examples prove? Why, that by hunger and starvation, the vicissitudes of climate, etc., a *man's physiognomy* is changed. For that matter, a child affected with marasmus changes its race. But pray, what race does it change into, if the patient be white? what race, if he be a negro, Malay, or an Indian? Of course a *community* haunted by starvation and other brutalizing influences, like an individual exposed to the same agencies, will have more projecting cheek-bones, because the adipose and muscular tissue waste away; of course they will have, from the same reason, large mouths, and projecting jaws and gums; but to say that a community degene-

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rated by such *morbid* influences will continue so, when placed beyond the influences that produced their deplorable condition, is contrary to all experience—it is absurd. And only then would these examples prove anything; for within the scope of experience no negro, or any individual of an inferior race, though placed in the most *favorable* circumstances, has ever emerged from his pure specific type into less brutish-looking features and physique, provided no intermingling with a higher race has taken place. I have no objection to Hugh Miller's authority as a geologist, no objection to him even as an ethnologist, so long as his authority refers to *facts*. When he, however, descends to possibilities and probabilities, anybody's opinion is as good as his. I am not willing to take the mere *dicta* of any man, no matter how high his authority. His assumption that "all the existing nomades and paupers of a land would gradually pass into distinct races," is, to say the least, but a "*réverie poétique*." Take the most wandering race under the sun—the Jews—and they have preserved their type for four thousand years *perfectly*. Often suffering want, carried into captivities, enslaved, cast into deserts and out of society, scorned, persecuted, enduring sufferings which stamp them the Job of nations, they yet stand up in each quarter of the globe, under the glowing rays of a tropical sun, and in the frozen snowfields of Siberia, trading with the Arab in the desert, and striking a bargain with the pioneer of the far West, a living monument of the grand law that governs mankind—permanency of type. Take the gypsies, that curious race, roving through Asia and Northern Europe, around Italy and the hills of Scotland, presenting for centuries the same type; look

"At their bushy and raven locks,
And at their faces so brown"—

and then talk about external influences changing the type of a race. After adducing such ludicrous examples to prove the change of one race into another, Dr. Coles continues: "It were easy to multiply examples, almost without limit (*sic!*), of this capacity for variation in the human race. The influence of climate is illustrated in the case of the Jews. . . . We find people of the black skin and woolly hair everywhere, in the same latitude and longitude, and speaking the same tongue, with those of a white skin and wavy hair. We find black Jews in Malabar,

and black Arabs in Nubia, where their claims to pure blood are undoubted.”

Can Dr. Coles complain of my making a little merry at his expense, when he gives so just provocation? There is no authority capable of speaking knowingly about the matter, geographical or ethnographical, that does not accept that the black Jews of Malabar are not descendants of the white Jews, who have been metamorphosed into blacks, but simply converts to the Jewish religion, natives that have been brought up in, and subsequently with their descendants adhered to, the religion of Abraham. We might as well argue that the negroes must have been transformed from Methodists because Wesley was a white man, and there are now colored Methodists! And why is it, by the way, that, as we are informed by Lessing, in one of his essays on art, negroes, converted to the Romish church in some Portuguese colonies, have depicted the holy Virgin as a black woman?

The Reverend Claudius Buchanan, who spent considerable time among the white and black Jews at Malabar, discards the idea that the black Jews are transformed white Jews, but he advocates that they are of “impure caste, which proves that they do not come from a common stock in India.” See also the pertinent letter of Mr. Raphael (*Types of Mankind*, p. 122): “They (the white Jews) never intermarry with the second community, also Jews, but black, of Hindoo origin, and, according to tradition, originally bondmen, but converted and manumitted some 300 years ago. Though of the same religion, the two races are and keep distinct. In the interior of Africa, many negroes are found who profess to be Jews, practise circumcision, and keep the Sabbath. These are held to be the descendants of slaves who were converted by their Jewish masters and then manumitted. All the Jews in the interior of Africa who are really of Jewish descent, as for instance in Timbuctoo, the desert of Sahara, etc., though of dark complexion, are not black, and retain the characteristic caste of features of their race; so they do likewise in China.”

Dr. Coles remarks: “It is by grace of courtesy, rather than by the necessity of evidence, that we admit so great an antiquity as

¹ Italics my own.

3000 years even to those monumental remains of Egypt, which it is claimed exhibit to us the Negro, the Copt, and the Jew," etc. I ask no admission by grace of courtesy at all, in a discussion where truth alone is the object, but I hold that it is very necessary to substantiate assertions that are offered in evidence. If Dr. Coles objects to monumental evidences, because they are the caricature outlines of rude drawings, he ought to show, by some well-known laws of art, *wherein* these drawings are caricatured; and if he objects to the correctness (as far as historical dates of periods so remote can be correct) of Egyptian chronology opposed to the most recent and best authorities, let Dr. Coles point out at least some particular points, which induce him to adopt such views. Mere assertions cannot avail.

"An American abroad is at once recognized as such," because, argues Dr. Coles, "he has, in a few decades, perhaps centuries, undergone such changes as stamp him a specific and distinct race." Horrible dictu! I recollect when a schoolboy I rambled with my classmates through the streets of the good old town of Heidelberg; we used to recognize at once every Englishman, by the brim of the hat and the cut of their garments, and we hardly ever made a mistake; just as the boys here recognize a "Dutchman" by his cap and his coat-tail. Certainly very distinctive ethnological marks. I know a family of negroes, who have lived here for a hundred and fifty years, and there are Caucasian families here yet older, and there is neither a change to the white in the one, nor to black in the other, showing that the same influences that keep the negro black, tend also to keep the white man white, under the same climate. Nothing short of intrinsic specific laws of organization can explain this. Europeans are never transformed into Malays, American Indians or Negroes, in Asia, America, or Africa. George Pinkard (*Notes on the West Indies*, 2d edit., Lond. 1816, vol. i. p. 310-13) relates that he saw at Barbadoes an English family of which the children constituted already the *sixth* generation, and they differed in nothing from Englishmen.

The reasons why I cannot believe in a miraculous intervention by which the white man was changed into a negro, I have stated in my former article. Dr. Coles even seems to acknowledge the improbability of such an hypothesis, if I can judge from the

manner in which he escapes, Yankee fashion, the question, by asking one in return: do I believe in the doctrine of a particular Providence? If I do, that does not yet force me to accept a *particular miracle*.

Dr. Coles lays great stress upon the mysterious tanneries of nature, in changing the complexions of men and altering the tinge of their skins. After quoting the examples of transformed Irishmen, to which allusion has already been made, he says: "The influence of climate is illustrated in the Jews;" and then he quotes: "*While a fixed physiognomy declares the unity of the people*, every shade of color clothes with its livery the body of the Jew, from the jet black of the Hindoo to the ruddy white of the Saxon." Evidently, reference is here made again to the black Jews of Malabar. With these I have done. My object is to expose Dr. Coles' logic in this instance, or rather his complete failure to prove, by his authority, what he intends to prove. He speaks of the influences capable of changing a race. He speaks not only of color, but of advancing cheek bones, projecting mouths, etc. His whole strain of argument is to prove that all these differences may be produced by external influences, and he quotes a learned author to substantiate his assertions. And what does his author say? "That while Jews are as other Caucasians liable to have their skins tanned (the *Hindoo's* '*jet black*,' referring to the Malabar Jews, excepted), *a fixed physiognomy declares the unity of the race*." Does not the reader perceive that permanency and unity of type, and their twin-sister specific difference, are strongly overshadowing this sentence? The whole resolves itself into this: that not every Jew is a Jew, any more than every member of the Reformed Dutch Church is a *Dutchman*, or every Roman Catholic a *Roman*.

"Providence never multiplies force for the accomplishment of an object. A single centre being sufficient, it is unphilosophical to suppose more." So say we; but with the difference that we deem *one centre* sufficient only for *one race*, because there are no known influences or natural forces that can transform one race into another, and because, as far as experience and facts teach us, no specific type of man has ever been changed into another. I quote from Rudolphi: "Entirely false appears the supposition that all men originate from one pair, when we look at their differ-

ences. Never has a degeneration been observed, in races, that remained unmixed, even in the most various climates."

Only one objection have I to raise to Dr. Coles' remarks on Agassiz's theory of primordial centres of creation; the rest may pass. Dr. Coles remarks: "The first (fauna and flora of the globe) may have different centres of distribution, because, being intended to be local, they were created in different localities, and were shut in by barriers which they could not pass." I am astonished to hear Dr. Coles advance such extremely heterodox views, against the plain inference of the Scriptures, which exclude different centres of creation for animals, by allowing but one pair for each genus. Or does Dr. Coles deal with Noah's Ark as he does with Biblical astronomy?

While speaking of centres of *creation*, it is but proper to say a word about centres of *culture* and *civilization*. According to the unity doctrine, culture must, like *sin*, and everything else, have proceeded from *one* centre. Like a cold shower bath must the following extract from *Humboldt*¹ act upon such delusions: "History, as far as it is based upon human testimony, *knows no* primitive nation (*Urvolk*), *no* common first seat of culture, *no* primitive physics (*urphysik*), or natural philosophy, the splendor of which had been darkened by the sinful barbarism of later centuries. In gray antiquity, on the furthest horizon, as it were, of true historical knowledge, we perceive simultaneously several resplending points, centres of culture, that reflect their light upon each other: f. i., Egypt, at least 5000 years before our era, Babylon, Nineveh, Kashmir, Iran, and China," etc.

If it must be acknowledged that there are and have been distinct centres of culture, and developing civilization, the conclusion is near at hand that there were also distinct centres of *origin*. It might appear as if Humboldt reserved further light to be thrown upon the subject from Divine testimony. But such is not the case, if the reader will but read attentively the following: "*A primitive natural philosophy, revealed to the first race of man, belongs to a sphere of knowledge, or rather belief, which is foreign to this work*" (*Kosmos*).

¹ Not having the English translation of "*Kosmos*" on hand, I translate from the original.

It was a matter of sorrow, not only to myself, but probably also to many readers, that Dr. Coles could not make it convenient to touch upon the interesting and important subject of hybridity. The Reverend Dr. Bachman's "triumphant refutation" of Morton's essay may have been a very clever thing in the opinion of "good judges," especially such that like the odor of roasted heretics and fried infidels, but in the eyes of the best judges it was a most ridiculous failure. It may also be true, as Dr. Coles asserts, that *most* enlightened naturalists of the age agree in the opinion expressed by Lyell, but it can also not be denied that *many* do not, and that the latter are as good authority as the former. *Facts* must hence decide, else we swear implicitly, by the beard of the Prophet, "It is an entirely arbitrary hypothesis that only animals of the same species can cohabit successfully, or that the offspring of mixed parents remain unprolific." (Rudolphi.) The mingling of goats and sheep is well known. For other examples we refer to Sprenger, *Opuscula Physic. Math.*, Hannov., 1753, p. 25-48: *De avium hybridarum virtute generendi usque ad tertium generationem observatio*. The examples of wolf and dog have been alluded to. See especially, also, the cases collected by *Heltenius*. Not wishing to lengthen this article, I will endeavor now to increase the catalogue of facts which show that the successful intermingling of races of men is no proof that they are not distinct species. If a thousand Lyells were to write a thousand books, of a thousand pages each, they could not disprove *the fact* that distinct species of animals have brought forth prolific offspring, that were prolific among themselves.

But a few words in reply to Dr. Ewcorstart: "The attempt to prove the negro akin to the monkey is not supported by a single physiological, anatomical, or psychological fact." Dr. Ewcorstart entirely misrepresents the argument of his opponents. The very fact that we call the negro a *distinct species of mankind* is proof that we do not consider him a species of monkey. The nine points, then, which Dr. E. brings forward to oppose the diversity theory, are so many empty bubbles. He might have produced nine hundred and ninety-nine points of dissimilarity between the monkey and the negro, and it would not yet amount to an argument against the diversity theory. It is true Dr. Forwood strongly argued the connection between the negro and the

lower animals; but all he wished to show, if I understood him rightly, was that the negro is *that link* in the genus homo which connects *that genus* nearest with the other of animals: that is all. Or does the Caucasian constitute that link? Or can man be entirely isolated from the rest of the animal kingdom? The transformed colony of Portuguese, and the Congo Jews, are also reproduced by Dr. E., I hope for the last time in this discussion.

One assertion Dr. Ewcorstart has yet to make good, namely, that sheep have wool in cool countries, and hair in hot countries. If he can show that the same species of sheep, transplanted into a hot country, has its wool turned into hair, it will be a very good argument on our side; for it will disprove the assertion of the unity theorists that a hot sun changes hair into wool. Sapienti sat!

Since the above was written, the January number of the REPORTER has come out, with the articles of Drs. Johnson and Denny. I have nothing to say in reply to Dr. Johnson, as all the important points of his argument have already been touched in my remarks upon Dr. Coles' article. It remains for me only to second Dr. Denny's call to order, and to express a hope that Dr. Denny will give us his views on such "undoubted truths" as relate to this question as soon as order is restored. It is time that this discussion should assume a more calm and less desultory character. I am in favor of the greatest possible freedom of speech, but it is time that the negative should cease using the pages of the REPORTER, or any other journal, to heap odious epithets against those who, though differing from them, aim at "undoubted truth." Let them search for argument among the palpable facts of the history of the human races. They will there find the most unequivocal proofs of diversity, not only in color, cranial formation, but in culture, intellectual development, and manifest destiny. Let them search among the fragmentary ruins of those mighty nations that have gone before us, of whom but few representatives have survived the grand laws of typical development and decay. Let them turn to a contemplation of that greatest of all revelations of God to man—nature, and study her majestic lessons of undoubted, undoubtable, never changing truths. And before all, let them consider that the moral and

religious attributes of being, the only attributes wherein a unity exists, a *revelation* which is intended to be *universal* can only apply to moral and religious, but to *no other* class of truths.

ART. IV.—*The Negro—Not a Distinct Species.* By JOHN K. EWCORSTART, M. D., Boston.

WHEN this discussion was first commenced, I hoped in common with many others, that new facts would be developed, and additional light thrown on this interesting subject. But, after waiting nearly a year, I find the question *in statu quo*, and with no probability of a change for the better, or that the affirmative will have the temerity to discuss it on its merits.

At first we were instructed to regard the negro as a distinct species; but this position having been found untenable, we are now expected to adopt him into the great family of men, and consider him a legitimate offspring; not exactly like ourselves, but a scion from the same stock. This is a wonderful change of colors; the "profound gulf without connection or passage which separates the human species from every other,"¹ has been closed, and the brutal negro has become a human being! If a little research has produced such a miraculous change in the affirmative, what may we not expect if it is continued? I think the change is partially due to the reaction produced by the reading of Nott and Gliddon's silly book. If there is any of it left which has not been copied into the REPORTER, let us have it. It is the main reliance of the affirmative, and I am in favor of their making the best use they can of it, though they must not expect us to discuss anything which does not legitimately come within the discussion. So far, they have not made a single point; their assertions are not backed up either by facts or arguments. "Is the negro a distinct species?" If he is, what are the facts which sustain this conclusion? How is man distinguished from other animals? Is it by his color, his features, the form of his skull, the convolutions of his brain, the capacity of his pelvis, the di-

¹ Blumenbach.

rection of his stomach, the arch of his foot, his ability to speak, to reason—what? Let us know what constitutes a difference in the species, then the question will be a plain and simple one, which may be discussed with pleasure and profit. Varieties are found among most animals. It is well known that when they become isolated they perpetuate their own peculiarities; and no one supposes for a moment that the species of the animal is changed with the color. The black horse remains a horse, and the black sheep remains a sheep; but black horses do not look like white horses, neither do black sheep look like white sheep. To say that a black man with frizzled hair, does not look like a white man with straight hair, is to say what no one will pretend to deny. But, will any one attempt to deny that many white men have frizzled hair, or that a portion of the Caucasian race is black. On the other hand, it is known that many negroes have straight hair, and that white men have been found in Africa. In this country, the negro's condition prejudices his case. Men rarely see talents and virtues in those whom they have oppressed. Our love for him consists in our capacity to wrong him. We have a peculiar method of treating him. We use him worse than we do brutes, and punish him as a creature of the highest intelligence. In most of the slave States there are many laws against crimes, which, if committed by the slave, are capital offences, while the same acts, if committed by the white man, are not even misdemeanors! If the black man's ability to perceive his moral responsibility is so much greater than the white man's, why consider him a man only when he disobeys his master's orders, or infringes the laws? Or if he does not know better, why punish him for a crime, the sinfulness of which he is incapable of conceiving? Is the black man morally accountable to God, or is he not? Has he a right to murder? Has he even the right to steal? If he has neither the right to murder nor to steal, it is on account of his intelligence and moral responsibility which teach him its sinfulness. If this is admitted, then he is a man; for the moral and intellectual faculties belong only to man. If the black man is not a man, then there is no harm in his stealing or committing murder! No sane man would think of sending a monkey to the State's prison for stealing a bag of money; nor would he think of hanging, or imprisoning for

life a horse that had wilfully kicked out a man's or a horse's brains. The monkey would be acquitted without trial, and if the horse should be killed, it would be because he was vicious, and might do the like again. But no one believes that the imprisonment of a thievish monkey, or the hanging of a vicious horse, would prevent other thievish monkeys and vicious horses from committing like offences. Man alone is responsible for his actions, and if the black man is a man when he steals or murders, he is a man when he does not steal, and when he does not murder; and those who pretend to hold that he is a distinct species, would be a little more consistent if they would not hold him responsible to laws, which, according to their arguments, he cannot comprehend. This kind of treatment reminds one of Lorenzo Dow's reply when asked to define Calvinism. He said—

"You can and you can't,
You will and you won't;
You'll be damned if you do,
And you'll be damned if you don't."

This is the position of the negro. He is prejudged. Let him be wise or ignorant, a brute or a man, his color is his crime, and his labor the penalty.

There are two sides to this question, and I have no doubt but that, before this discussion is closed, the truth will be fully unfolded. We are very severe on the negro. In every respect in which we suppose him to differ from us, we regard him as monstrous. We set ourselves up as models of perfection, and regard that which approaches nearest us as nearest perfection, and that which recedes the most from us as nearest imperfection. We are a vain race. Upon what principle do we conclude that white is superior to black? I do not believe that *He* who made the black bear was a less perfect artificer than when he made the white bear. Our prejudices rule our judgments. We ought not to suppose that *le ciel sur nos souhaits ne règle pas les choses ou porte prejudices*. We must also bear in mind that the negroes in this country have descended from the most degraded and deformed of the Africans, and cannot be considered as samples of the race, any more than the sandhillers of South Carolina may be considered as samples of the Anglo-American race. Besides, in this country the negro has not had the disposition to cultivate

the features of his oppressors, and while we have been pinching up our children's noses, a club has often been flattening theirs; and while we have been cramping our children's feet in tight shoes, theirs have been obliged to go barefoot. But, in Africa, where our standard is neither cultivated nor admired, regular features are often found. Winterbottom says: "In Africa almost every gradation of countenance may be met with, from the disgusting pictures too often drawn of them, to the finest set of European features." Adanson says, that "the Senegambian women are equally well made with the men; their skin is of the finest texture, and extremely soft; the eyes are black and large; the mouth and lips small, and all the features well proportioned; several are really beautiful." Lawrence¹ says: "The physiological characters of the negro are as loosely defined as his geographical description, for among negroes there are several, who, in the smoothness of hair and beauty of form, excel many Europeans." Pigasetta states that "the Congo negroes, except in color, are very like the Portuguese." Le Maire thinks that "the negresses, except in color, are as handsome as Europeans." Lobo boasts of the beauty of the negroes of Abyssinia; Bosman, those of India; Ledyard and Lucas, those of Jaloff. Adanson says: "Those of Senegal are the finest men of Nigritia; their form is without defect, and they have no maimed amongst them." Golberry² says that "the Jaloff women are mild, very pretty, well made, and of agreeable manners." Dr. Philips³ speaks of a family of Bechuanas whom he visited, "whose countenances and manners discovered marks of cultivation which *would have been admired in an English drawing-room.*" Iseret⁴ says: "Almost all the negroes are of good stature, and those of Acra have remarkably fine features. The contour of the face, indeed, among the generality of the people, is different from that of Europeans; but, at the same time, faces are found among them which, excepting the black color, would in Europe be considered beautiful." Cosigny saw, at Gorce, a negress of great beauty, with imposing form and Roman features. Ligon speaks of a negress in the Isle of St. Jago, who possessed "*such a degree of majesty and beauty that he had never seen her equal.*" Chasle applies this eulogium to all the negroes

¹ Lawrence's Lectures.² Golberry's Travels.³ Philips' Researches.⁴ Philosoph. Magazine, vol. iii. p. 144.

and mulattoes of the Isles of Cape Verde. Sturge and Hervey¹ observe, that, "in looking over a congregation of blacks, it is not difficult to lose the impression of their color. There is among them the same diversity of countenance and complexion as among Europeans; and it is only doing violence to one's feelings to suppose for a moment that they are not made of the same blood as ourselves." And Pringle² says: "One man of the Tamaha tribe was, I think, *the finest specimen of the human figure that I ever beheld in any country*, fully six feet in height, and graceful as an Apollo. A female of the same party, the wife of a chief, was also a beautiful creature, with *features of the most handsome and delicate European mould.*" Blumenbach says: "Of the negroes of both sexes which I have examined in very considerable numbers, as well as in the portrait and profile of others, and in the numerous negro crania which I possess or have seen, there are not two completely resembling each other; they pass by insensible gradations into the forms of the other races, and approach to the other varieties even in their most pleasing modifications. A creole which I saw, who was born of Congo parents, had a countenance of which no part, not even the nose, and rather strong marked lips were striking, much less displeasing. *The same features with an European complexion would certainly have been generally agreeable.*" Dr. Bachman says: "Among many skulls of negroes and Europeans which are now before me, I find some where the races approach each other so nearly, that it requires much attention and a practised eye to distinguish between them, *and were we to give the white color and straight hair of the Caucasian to some of the skulls of the negro, the most practical anatomist and physiologist might easily be deceived.*" This position is beautifully illustrated by those who cater to American prejudice against color—I refer to the Negro Minstrels. They practically demonstrate that the supposed breach between the races is not a wide one, and that it is in the color and not in the features that the races are widely different. For every one must have observed that a little coloring matter transforms the regular Caucasian into the exaggerated negro.

If we reject the Bible, it is difficult to get a starting point. There is much philosophy in the French saying, *Il n'y a que le*

¹ Sturge and Hervey's West Indies.² Pringle's Sketches of South Africa.

premier pas qui coute. There is but little data for an argument on either side, and none for a demonstration. As the affirmative seem shy of the subjects, I will offer an opinion: I believe that when God made man, the most perfect of all his works, he made his complexion the most beautiful. White is not a color, it is a combination of all colors; black is not a color, it is the absence of all color, and is, therefore, the most perfect. *Black is undoubtedly the natural color of man, and white is the exception.* Most of the opponents of the theory of the unity of the races, admit that the negro is the oldest of the races, and as his earliest abode appears to have been in a tropical climate, I am inclined to believe that the first man was an African. Dr. Pickering¹ seems forced into this belief, for he says: "Zoological considerations seem to favor a central place of origin on the African continent, and confirmatory circumstances of a different character are not wanting. It will follow," says he, "that if Europe was the home of the white man he would be born with natural clothing, and with at least some inherent provision securing the maintenance of life without aid from art. Man, then, does not belong to cold and variable climates; his original birthplace has been in a region of perpetual summer, where the unprotected skin bears without suffering the slight fluctuations of temperature. He is, in fact, essentially a production of the tropics, and there has been a time when the human family had not strayed beyond these geographical limits. Nature has not produced a species in different parts of the globe."

The tendency to become white is by no means common to man, but occurs in many wild and domesticated animals. The dog, cat, goose, duck, rabbit, and fowl exhibit this phenomenon. Blumenbach speaks of white monkeys, squirrels, rats, mice, moles, opossums, weasels, and roes; Shaw, of white foxes and buffaloes; Barrow, of white rhinoceros; Symes of white elephants; Keame, of white badgers and beavers; and Elephanstone, of white bears and camels.

I believe that the present white race sprang from *albinos*. That they were treated by the blacks as inferiors, and were persecuted; and that ill treatment drove them from their native land to cli-

¹ Pickering on the Races of Man.

mates less congenial, where they could not live without labor and industry, which must have necessarily improved their wits, where they increased and multiplied and spread into colder regions.

The arts and sciences did not originate with them, or in Egypt or in Persia. Ethiopia is undoubtedly the birthplace of man. Civilization appears to have taken its rise in this country, and clear-sighted historians place them in the highest rank of civilization. Indeed, so renowned was she in ancient times, that it is still a disputed point, as to whether civilization descended the Nile from Ethiopia to Egypt, or ascended from Egypt to Ethiopia. Learned men pretty generally regard Ethiopia as the true cradle of civilization. The art of architecture is found here in its rise and progress, while in Egypt it is found in its greatest perfection. "In the neighborhood of Meroë is the Ammonium, or ancient Temple of Jupiter Ammon, within whose labyrinths, passages, and courts, was contained the oracle of the King of the Gods; the variety of sculpture and hieroglyphics on this monument is truly remarkable; no trace of Egyptian art is discovered here, and the few figures on the pillars have nothing in common with it. Thus, then, has been ascertained that remarkable spot of antiquity generally regarded as the cradle of the arts and sciences, where hieroglyphical writings were first discovered, and where temples and monuments had been constructed while Egypt remained ignorant of their existence, and the land, afterwards called that of the Pharaohs, was unadorned with monuments."¹

There are many erroneous assertions made in the quotations in the February number. As we are not discussing the merits of Nott and Gliddon, they are not properly before us. Let us have the points upon which the negro is condemned, and discuss them. I would say, however, that I am surprised that the numberless assertions are not attempted to be supported by facts. Of the "thirty-five anatomical peculiarities" of the negro, thirty of them do not exist; the other five exist only to a limited degree, and are by no means peculiar to the race. If there is anything original on the affirmative, I should like to hear it; or if they have any arguments, I hope they will be brought forward. But

¹ Encyclopedia Britannica.

to ask such questions as, "Can any one call the name of a full-blooded negro who has written a page worthy of being remembered?" when it is a matter of history that Blumenbach collected a large library of books written by negroes, is preposterous in the extreme. For the sake of the argument, I beg leave to insert this page, written by a negro, which I believe is not only worth "remembering," but which shows what the negro can do with a fair field before him. It was written by Baron de Vastrey, one of the counsellors of Christophe, himself a pure negro, who published some reflections on the state of Hayti, about thirty-five years ago, in which he says: "Five and twenty years ago, we were plunged in the most complete ignorance. We had no notion of human society, no idea of happiness, and no powerful feelings. Our faculties, both physical and moral, were so overwhelmed under the load of slavery, that I, myself, who am writing this—I thought the world finished at the line which bounded my sight, and my fellow-countrymen were as ignorant as myself, and more so, if that were possible. I have known many of us who have learned to read and write without the help of a master. I have seen them walking with their books in their hands inquiring of the passengers, and praying them to explain the significance of such a character or word, and in this manner many already advanced in years became able to read and write without the benefit of instruction. Such men have become notaries, attorneys, advocates, judges, administrators, and have astonished the world by the sagacity of their judgment. Others have become sculptors and painters by their own exertions, and have astonished strangers by their works. Others, again, have succeeded as architects, mechanics and manufacturers; others have worked mines of sulphur, fabricated saltpetre, and made excellent gunpowder, with no other guides than books of chemistry and mineralogy. And yet the Haytians do not profess to be a manufacturing and commercial people. Agriculture and arms are our professions. Like the Romans, we go from arms to the plough, and from the plough to arms." Hayti, sixty years ago, was a great slave plantation; now, in commerce, she stands the eighth nation in the world, and her revenue is very large. She is a practical demonstration of what the negro is capable of doing. I challenge the affirmative to show any portion of the Caucasian race which

have been enslaved and made so great progress in so short a time, or who have ever gained and maintained their liberty by striking manfully with the sword.

ART. V.—*Abstracts prepared expressly for the REPORTER from Exchanges received at this office and from other sources.*

(a.) SURGICAL.

1. *Syphilization*.—This subject seems just now to be agitating several portions of the medical world. We extract the following from the *N. Y. Journ. of Medicine* for January. M. Sperino, of Turin, who has been making many experiments, states that it is now proved:—

1st. That syphilization gives safety as regards the syphilitic virus.

2d. That it causes the disposition of the accidents of constitutional syphilis.

3d. That it ameliorates the general health of the persons submitted to this kind of treatment.

The great question to be solved is this: Is the syphilitic diathesis completely and forever cured by syphilization?

After the use of mercury, or iodide of potassium, it is not rare to see the symptoms reappear after they had completely disappeared. Is it so after syphilization? Is not the organism disturbed after syphilization? and is there no danger for children of people who have been submitted to it, &c.?

M. S. answers to these:—

1st. That it seems quite natural to admit the radical extinction of syphilis by syphilization, when we think that a small amount of virus creates symptoms, constantly increasing, if there is no treatment, while, after the inoculation of a vast amount of virus, there is a constant decrease of the symptoms, until they have completely disappeared. It has been so in more than 200 persons.

2d. There are many individuals in whom a perfect cure now persists for five, six, or seven years; and if some persons have been attacked again, it is that syphilization has not been carried far enough, or that the inoculations have been too frequent at once, or that a mercurial treatment had been used. But when new inoculations have been made, cure has been obtained.

3d. The general health, after syphilization, is as flourishing as possible.

4th. Constitutional syphilis, much advanced, and even a state of syphilitic cachexia, complicated with favus, has been completely cured in two women, and favus also has been cured, by syphilization alone, which is very likely the consequence of the general health having become good.

5th. A woman, cured by syphilization in 1852, had a boy in good health, but unfortunately she abandoned her child, and it has been impossible for M. S. to find him in the Foundling Hospital.

6th. Syphilization cures not only syphilis in adults, but in children, as Mr. Breck has shown. Out of nine children cured by M. S., three had hereditary syphilis, which had reappeared after treatment by mercury.

7th. In two girls, æt. 13 and 21, who had taken syphilis while nursing, a dreadful state of cachexia existed, which ceased in one of them after three months, and in the other after two months and a half of syphilitic inoculations. Their health became flourishing, and regular menstruation came on in the oldest.

8th. Syphilization, in a case, has had a very favorable influence on the production of milk in a nursery woman.

The reader, for more details, is referred to the paper of M. Sperino in the *Gazette Méd. de Paris*, 1857, p. 656.

2. *Treatment of Malignant Pustule.*—M. Raphael (*N. Y. Journ. of Medicine*), a learned physician of Province, a pupil of Nélaton, has astonished the Académie de Médecine by announcing that he had cured four patients attacked with this carbuncular affection by merely applying the leaves of the walnut tree on the pustule. Many doubts have been expressed concerning the possibility of such cures, and it has been asserted that M. Raphael must have made some mistake in the diagnosis. A physician of the South of France, where this affection is frequent, had already treated with success *forty* patients by the application of walnut leaves. It is difficult to admit that errors of diagnosis have so often been made. Two able physicians, Messrs. Salmon and Mannoury, have nevertheless tried to prove that very frequently ordinary carbuncular affections are mistaken for malignant pustules, and they assert that the only means of deciding the nature of the disease is to inoculate the pus in animals, and ascertain if it be contagious or not. Besides, they relate a case in which the application of walnut leaves has been followed by death.—*N. Y. Journ. of Medicine.*

3. *Tincture of Benzoin as a Remedy in Epistaxis.*—In the *American Medical Monthly* for February, a very interesting case of epistaxis, treated by the tinct. benzoin, is given by Prof. B. F. Barker. All the

usual remedies had been tried previously, as the child was subject to such attacks, but without effect, and exhaustion was evident. The child not being willing to have the operation of plugging performed, by the sound of Belloc, Prof. B., having been accustomed to arrest the severe hemorrhage resulting from malignant ulceration of the cervix uteri by painting over the diseased surface the tinct. benzoin comp., injected about a drachm, by means of a small syringe, up the nostril. For a moment or two, the child complained bitterly of a severe burning pain in the nose, extending back to the ear, but it very soon subsided, and the hemorrhage entirely ceased within five minutes after the injection was used. No hemorrhage has since occurred, and the general health has improved in the most remarkable manner, under the steady use of the syrup of the phosphate of iron.

He mentions another case of a gentleman, who, after his morning dejection, had for several days lost a great deal of blood; but one morning, so much was lost as to induce complete syncope. With a small syringe, a half ounce of tinct. benzoin comp. was injected into the rectum, and its effects were quite striking. He was at once aroused from his syncope condition, and began to dance about the room in a most lively manner. Since that time, he has suffered neither from the hemorrhage nor the piles, and his general health has become excellent.

4. *The Escharotic Treatment of Cancer.*—The *Medical Monthly* copies from the *Edinburgh Medical Journal* an article by Prof. Syme on the escharotic treatment of cancer, from which we cull the following remarks.

Mr. Syme is very severe in his animadversions on the conduct of the medical officers of the Middlesex Hospital, for the part they played in giving notoriety to the quackery of Fell, the "American cancer-curer." He should have exposed the ignorance of these gentlemen in granting to Fell the claim of originality in the mode of application of his caustic. Had they turned to almost any old medical dictionary or surgical work, they would have found that it was a very old and long since exploded plan of introducing escharotics.

Mr. Syme says :—

There are so many diseased conditions apt to be regarded as incurable, although not really so, that the most careful discrimination is required to prevent their successful treatment from being erroneously assumed as ground for belief in the curability of cancer. But the empirical practitioner is neither able nor willing to make such distinctions; and so far from endeavoring to dismiss the unfounded apprehensions of a patient, will always be anxious to cherish and increase them, in order to enhance the value of his pretended services. Thus, if a tumor of the breast, supposed to be carcinomatous, should be a serous cyst requiring merely evacuation and irritation of the surface, or a fibrous growth re-

movable without further disturbance of the gland, or a chronic abscess, or even nothing more than that simple engorgement and painful state so common in females whose health is out of order, the quack will not vary his practice, or scruple to make the unfortunate patient pass through all the horrors of a prolonged escharotic treatment. Indeed, I once saw a poor woman who had both of her breasts destroyed by caustic, although there was distinct evidence that neither of them had been at all diseased.

In regard to the comparative time and danger of cutting and caustic, there can be no doubt that, so far as the first of these points is concerned, the former mode of relief is greatly preferable; while, as to the last one, there does not seem to be much difference between the two. Unless, therefore, it can be shown that the escharotic treatment is more complete and permanent in its effect than excision, it will be difficult to discover any good reason for abandoning the knife, or complicating it with the addition of caustic.

It has long been a settled principle in surgical practice, that malignant tumors or sores should be either allowed to remain free from disturbance or completely removed, since tampering with them by irritating applications is the most certain means of exciting disease in the lymphatic glands or other textures. If caustic is ever used for destroying malignant textures, it should, therefore, be of such power and so employed as to strike at once to the root of the evil, and I am able to suggest efficient means for this purpose.

Mons. Velpeau, in speaking of the caustic made by mixing sulphuric acid with saffron, expresses his persuasion that it would be the best of all escharotics except for its expense and the difficulty of confining its action within certain limits. It occurred to me that sawdust would supply the place of saffron, and my assistants at the hospital ingeniously devised the following effectual means of restraining the extent of action. A solution of gutta serena in chloroform is applied to the skin for some distance round the part to be attacked; then a thick piece of the same material, with an aperture cut in it of the requisite size, and softened by exposure to heat, is pressed firmly so as to adhere everywhere to the surface thus prepared; a thin piece is next glued round the edge of the opening, so that, when supported by a stuffing of lint, it may form a wall inclosing the diseased part. Concentrated sulphuric acid, with about an equal weight of sawdust stirred into it, until the mixture assumes a homogeneous consistence equal to that of thin porridge, is lastly applied, in quantity proportioned to the extent of thickness concerned. In the first instance, as the pain is acute, opiates or chloroform may be used; but after a short while, so little uneasiness is felt, that the patient can easily allow the caustic to remain for ten or twelve hours, when it will be found that the whole diseased mass, though covered with skin and several inches in depth, has been reduced to a cinder, presenting the appearance of strongly compressed tow. Under poultices, the slough separates in the course of days or weeks, according to its depth, and the sore then heals without any trouble. If, therefore, patients, from an unconquerable dread of cutting, should prefer the escharotic treatment, or if the circumstances, on any other account, should seem to render this method eligible, the procedure just described may be found useful.

In conclusion, I beg to offer the following principles or practical rules for the treatment of cancer :—

1. The treatment of cancer may be divided into curative and palliative.
2. The curative treatment should not be undertaken when the local disease is so seated or connected as to prevent its complete removal ; when the lymphatic glands are affected ; and when the patient's general health is deranged.
3. Removal may be accomplished by means of the knife, escharotics, and ligatures.
4. Of these means, in general, the knife is best, and ligatures the worst.
5. Escharotics may be used with most advantage when the disease is superficial.
6. Escharotics, employed with a curative view, should always destroy the whole morbid part by one application.
7. The palliative treatment is generally best accomplished by means of soothing applications and attention to the general health.
8. When the local disease is very troublesome, it may sometimes be relieved for a time by destruction of the morbid growth.
9. The best agent for this purpose, and also with a curative view, is concentrated sulphuric acid properly applied.

5. *Obliteration of the Vena Cava Descendens.*—A very interesting contribution to analytical medicine has been furnished by M. Oulmont. He has recorded four cases of obliteration of the vena cava superior, met in his own practice and furnished to him by friends, and has published these in connection with fifteen other cases already recorded. We are sorry not to be in possession of the original work, but have no hesitancy in extracting the following from the *Gazette Hebdomadaire*, Paris, Feb. 5 :—

Of these 19 cases, the obliteration was 5 times the result of ordinary sanguinous concretions ; 3 times of concretions of a cancerous origin ; 11 times of compression, either by cancerous tumors of the mediastinum or the lungs (5 cases), or by tubercular deposits in the mediastinum (2 cases), or by aneurism of the aorta (4 cases). From which it appears that obliteration of the superior vena cava seems rarely to arise from primitive disease of the vessels.

Symptoms.—The disease ordinarily begins with cough and dyspnoea, and sometimes with intense orthopnoea ; not unfrequently blood is found in the sputa, either pure or mixed with mucus. Occasionally, even hæmoptysis or hæmatemesis supervenes. Palpitation of the heart is more or less marked. In other cases, cephalalgia, vertigo, and a marked tendency to cerebral congestion, which returns often under the influence of slight causes, are the first symptoms. Again, the disease may commence at once with œdema of the face. In all cases, this latter symp-

tom soon occurs, and constitutes one of the most important signs. The œdema commences on one or the other side of the face, soon invades this whole region, and extends to the forehead and hairy scalp. Later, the neck and upper extremities become infiltrated. At a more advanced period, the anterior and posterior thoracic parietes are invaded, but the œdema is arrested quite suddenly at the umbilical region, below which it very rarely descends. This œdema of the upper half of the body, offers a striking contrast with the lower half, which presents its normal volume. This is one of the most curious and interesting characters of the disease. The œdematous parts soon take on a bluish tint, which is marked all over the face, giving it the appearance of cyanosis, and which is augmented by all causes which interfere with the return of blood from the upper part of the body (cough, etc.). Finally, the superficial veins of the face, neck, and chest dilate, become very apparent, and sometimes present on the surface a rose-colored line, denoting their course. Cephalalgia, vertigo continue. At night the patient is restless and sleepless, and often awakes terrified. Percussion and auscultation yield results which vary according to the causes producing the obliteration, and the accidental diseases of the chest, that may be present. In the midst of all these symptoms the pulse remains quiet, and does not become febrile until towards the end of the malady. Finally, albumen is found in the urine in some cases. These symptoms persist sometimes without appreciable change, but most commonly the œdema of the face increases, until it becomes really enormous, presents a well-marked violet tint; the eyelids are bluish, the conjunctiva of a very deep red color. The œdema of the arms and chest increases equally; finally, the cerebral symptoms become more grave, delirium, coma, agitation, and more or less severe fever set in, when the patient soon succumbs. In some cases death ensues unexpectedly, without anything having indicated a fatal and rapid termination.

In one case, M. Oulmont found hard, resistant nodosities around the neck, which the autopsy demonstrated to be of a fatty nature, and which had resisted the serous infiltration. In one patient, under the observation of M. Piedagnel, the œdema had invaded the superior extremities before reaching the face (the only case of its kind). The œdema does not extend to the lower extremities except where the heart is also affected, or a cachectic state of the system produces general dropsy. It is remarkable that *hemorrhages* are not more frequent, when such an important obstacle to the general circulation exists. Hemorrhages were present in but seven cases (epistaxis, hemoptysis, hœmatemesis, cerebral hemorrhage).

Death is doubtlessly the unavoidable termination of the disease. In

one case furnished to the author by M. Woillez, the œdema of the face disappeared at the end of a few weeks, and only showed itself again shortly before death. Nothing in the autopsy accounted for this peculiarity, which was undoubtedly owing to the establishment of a collateral circulation, for the obliteration of the vena cava was complete. L.

6. *Tincture of Iodine in Varicose Veins.*—D. Eulenberg relates the successful treatment of a case of varicose veins by the application of tr. iodine, in the *Preuss Vereinsztz.* The tincture was applied three times a day, until superficial suppuration set in, which was treated by simple ointment. Bandaging was at the same time resorted to. L.

(b.) PATHOLOGICAL AND THERAPEUTICAL.

1. *Fluid Extracts.*—We find in the March No. of the *Amer. Med. Monthly*, an interesting paper on this subject, which was read before the New York Academy of Medicine, December, 1857, by S. Rotton, M. D. By his experiments he has been led to the conclusion that these articles are not to be relied upon. In almost every instance, the extract tested was ascertained to be utterly worthless, not containing a sufficient amount of the active principle. Thus, the fluid extract of *verat. viride* was used in the dose of thirty drops at short intervals, without any effect. On analysis, it was found to contain but ten grains of alkaloid, resinoid, and oleo-resin, in three and a half ounces. Fluid extract of *jalap* was found to contain about five grains of *jalapin* to four fluidounces. Fluid extract of *cannabis indica* was used in the dose of thirty drops, and a patient even took three and a half ounces between 12½ and 8 P. M., "without the slightest perceptible effect." Two fluidounces of fluid extract of *ergot* produced no uterine pains, though given in four equal doses, at intervals of half an hour. Fluid extract of *rhubarb* acted as a mild aperient in tablespoonful doses; the dose recommended being one or two tablespoonfuls. The same with *senna*. "*Ipecac. extract* acted as an emetic in a child in doses of two teaspoonfuls. Dose directed, from fifteen to thirty drops." The Doctor submitted several other equally important extracts to examination, with similar results. He then goes on to explain the cause of this, from the fact of plants not producing the same amount of active principle at one season as at another. He adduces the difference in climate, soil, temperature, and moisture to account for this disparity. Again, by keeping, plants are liable to many changes; a "chemical, destructive composition" takes place, "whereby the proximate principles, by the reaction of the nutritive constituents, and by the external agency of air and moisture, are decomposed and dissipated, or enter into new combinations." He re-

views the methods of preparing them, and shows many causes for their want of strength, &c. Thus, alcohol dissolves only the active principle, and the fluid extract, after distillation, contains this in suspension, rather than in solution. Hence, the upper portion in a vial has none, while at the bottom it is in a dangerous quantity. He sums up as follows : "The objection to these fluid extracts, and extracts of all descriptions then, are, that they are not and cannot be uniform in their strength, because the plants from which they are taken possess different amounts of therapeutic properties ; that they are liable equally with the plant from which they are compounded, to destructive alterations ; that each new parcel or preparation must be tested separately before its therapeutic value can be known ; *in short, that they possess no positive value.*"

2. *Chemical Researches on the Spinal Marrow and Nerves.*—We have given the interesting results of Von Bibra's experiments on the chemical composition of the brain on a former occasion. (MED. AND SURG. REPORTER, vol. ix. p. 371.) We will now add the results of his later investigations on the chemistry of the spinal marrow and nerves. Qualitatively the spinal marrow contains the same constituents as the brain ; it has, however, more fat, less solid albuminous constituents, and less water than the former. Water and solid substances are present in larger quantities in birds than in the mammalia. The quantity of cholesterin is larger in the spinal marrow than in the brain ; there is more phosphorus in the fatty matter of the brain than in the spinal marrow. (We have once seen an author define *thought* as a "phosphorescence" of the brain.) It could not, however, be found that the amount of phosphorus present bears any relation to the higher or lower scale which the animal occupies in its classification. The salts of the brain and spinal marrow are the same. The quantity of fat present in various nerves of the same person varies considerably. The relative amount of fat in the same nerves of different persons is more constant. The crural nerve in man, f. i., always yields more fat than the brachial nerve ; the upper portion of the ischiatic nerve more than its lower portion. In man the amount of fat in the nerves is smaller than in the other mammalia. The amount of phosphorus present in the nerves is in direct proportion to the amount of cerebrie acid they contain. L.

3. *Colocynth in Leucorrhœa.*—In the *Gazette des Hopitaux* (*Chicago Med. Journal*) is an account of some cases of this disease in children being cured in a short time, by means of injections of colocynth. The

treatment was as follows: "On a pod of colocynth of the ordinary size, two glasses of warm water were affused, and they were macerated for twenty-four hours. One-third of this liquid, after the colocynth was well expressed into it, is a dose for a child eight years old. Prior to using it, the rectum should be thoroughly evacuated by tepid water injections. The colocynth is retained from fifteen minutes to one hour. During the day, the child will have many stools, the last of which are sanguinolent. Gum water, as a drink, may be given; food light, and sparingly. By the twelfth day the patient has recovered from its effects, and on the sixteenth it may be repeated. Two to three injections are generally necessary. The cure has been, in all cases, permanent and complete."

4. *A New Property of Chamomile.* (*London Med. Times.*)—Chamomile (*anthesis nobilis*) is described in all treatises of materia medica as emollient, digestive, fortifying, &c.; but none point out a most precious virtue, just announced as pertaining to it by M. Ozanam, whose paper on the subject was presented to the Academy of Sciences at its sitting by M. Cloquet. This virtue consists in preventing suppuration when the local disease is not too far advanced, and in gradually stopping it when it has existed for a long time. For this purpose it is administered in powerful doses of five, ten, or even thirty grammes of the flower in a litre of water—[about 3jss to 3j of the flower to two pints of water.—ED. M. & S. REP.]—the infusion to be drunk in the course of the day, and to be continued until the cure be effected. Compresses moistened with the infusion may be locally applied; they aid in the cure, but are not necessary, the infusion alone, taken internally, being quite sufficient. In support of his assertion, M. Ozanam quotes a number of cases in which this mode of treatment was successful.

5. *Nitrate of Silver in Anæmia.*—In the *Iowa Medical Journal*, Dr. Ayres reports some cases in which he had used the nitrate of silver with much success. His formula is: R.—Argent. nit. crys. gr. x; ex. con. mac. gr. xx; syr. tolu f3ij.—M. Give a teaspoonful every six hours, in rain, or boiled water. He considers it as much a specific in cases of anæmia as cinchona is in intermittents.

6. *Acetic Acid in Scarlatina.*—Dr. Casselberry, in the February number of the *Cincinnati Lancet and Observer*, makes a very interesting report of this remedy in scarlatina. He prescribes it in this compound: R.—Acetic acid, pure, f3ij; aq. destill. f3iij; syr. simpl. f3iij.—M. Dose, a teaspoonful every three hours. At the same time he uses baths, by

means of sheets wrung out of tepid water, which are allowed to remain a half an hour to one hour, and poultices of roasted onions to the lumbar region, if suspension of the urinary secretion. For the reduction of the glandular swelling of the neck, he prefers the use of camphorated olive oil.

7. *Palpitation of the Heart.*—In one of the meetings of the Physico-medical Society at Würzburg (vide *Würzburger Verhandlungen*, VIII. 2, 1857—*Medic. Neuigk.*), Prof. Kölliker communicated that he had found a remedy to relieve in certain cases morbid palpitation of the heart. Reasoning from the experimentally established influence of the respiratory motions upon the heart's action, he advised, in a case of severe and constantly-returning palpitation, to relieve it by deep inspirations and subsequent holding of the breath. The advice was followed by good effect, a few deep respirations and moderate holding of the breath sufficing to arrest the palpitation for one or two days. Prof. Bamberger remarked that the expansion of the lungs, causing them to overlap the heart more fully, might render the palpitation only less perceptible, without actually arresting it. To this Kölliker replied that it was improbable, because after a few deep inspirations palpitation had ceased, which otherwise had lasted for hours. L.

8. *Parasites in Skin Diseases.*—A report,¹ by M. A. Devergie, on herpes tonsurans in the horse and cattle tribes, and its transmissibility from animals to man, read before the Paris Academy of Medicine, gave rise to considerable discussion in that body. A great deal of space on this subject is taken up in the *Gazette Hebdomadaire* of Jan. 29, from which the following conclusions of M. Devergie are condensed :—

1. Micrography has rendered good service to science by bringing to our knowledge organic parasitic products, of the existence of which we were entirely ignorant.

2. That these vegetable parasites, by reason of their species, seem to live at the expense of certain tissues, or organs, in preference to others—that the *microsparon furfur* vegetates upon the epidermis without extending below it. The *trichophyton* (in herpes tonsurans) attacks principally the hair at its exit from the skin; only after some time it penetrates into the hair-bulb; where the skin is devoid of hair, it runs along and vegetates on the surface of the skin. The *microsparon mentagraphytes* (sycosis). The reader will find a good representation of

¹ The report of M. Devergie is based upon a Mémoire presented to the Académie by M. Reynal.

this vegetation in *Neligan's Atlas of Cutaneous Diseases*) has its principal seat of development between the membranes proper of the hair-bulb. The *Achorion* (*Schoenleinii*, found in porrigo, and transmissible from animals to men; we have seen children who had taken the disease from a cat affected with it) introduces itself in the sheathes of the hair-bulb, and ends by destroying it.

3.

4. The *microsponon* and the *trichophyton*, if the disease be not too old, can be attacked by the usual medications, so that we are not obliged to have recourse to pulling out the hair (*l'épilation*; we shall use this word, not because we have any preference for Gallicisms, but for the sake of shortness), and even this is entirely useless in that disease where the *trichophyton* is mostly developed—herpes tonsurans—because epilation is impracticable on account of the friability of the hair.

5. The same is true as regards favus and certain forms of mentagra, as these are also accompanied by the production of the trichophyton or the microsponon mentagraphytes; hence the pulling out of the hair around, at the expense of which the parasite vegetates—permits the parasitic vegetations to extend their spores to the deeper parts and to destroy them.

6. Hence epilation should not be practised, as a matter of course, in the presence of any kind of vegetation.

7. We have yet to learn whether the parasites are always the cause, or whether, in many cases, but the effect of the disease; questions which, in the present state of science, cannot be positively determined; and it is proper to consider the absolute doctrines, which have been promulgated quite recently by the micrographers, as premature, and not sufficiently founded on observation—doctrines which many well observed facts tend to weaken.

8. Epilation, generally considered, is useful under two conditions: 1, when there exists a parasitic vegetation, living at the expense of the hair-bulb or its deepest sheathes; 2, when, in the absence of any parasite, the bulb is the seat of the malady, if it is inflamed, affected by chronic disease, and unable to nourish the hair, at the same time inducing a permanently morbid state of the skin.

9. Finally, aside from all those morbid conditions which may be termed mechanical or physical, the physician must never lose sight of the general causes which generate and keep up the disease of the skin, not less than the organic internal lesions, upon which they quite frequently depend.

L.

9. *Mensuration of the Thorax*.—Mr. Woillez, who already, in 1837,

published his *Researches on the Inspection and Mensuration of the Thorax*, has recently published a new work on this subject. The following general results, based upon eighty-six observations, we condense from the *Gazette Hebdomadaire*, Fevrier 5, 1858, p. 110:—

1. In the course of acute diseases, the capacity of the chest often presented important modifications, which were not obvious to the eye, but apparent on mensuration.

2. The relative capacity of the two sides of the thorax, which hitherto has been the only object of mensuration, does not present such variations in acute diseases that are of value as symptoms. But once in twenty-three cases of simple pneumonia did this mensuration demonstrate the existence of relative enlargement of the diseased side.

3. The general capacity of the thorax, explored at different stages of the disease by means of mensuration, has been, on the contrary, almost constantly modified in the most different acute affections, but only when they had been ushered in by well characterized general febrile symptoms.

4. Mensuration in such cases has established, from the commencement of the disease, an enlargement of the two sides of the chest, presenting three periods, one of increase, another of stability, and one of decline, of variable duration like that of the diseases, the phases of which it generally follows, and of an extent of from $1\frac{1}{2}$ to 8 centimetres, 4 centimetres as the mean.

5. Mensuration, resorted to under certain conditions, has especially established mathematically the various degrees of the general elasticity of the thorax. This elasticity was constantly diminished during the progressive and stationary enlargement of the thorax, and then gradually came back to its normal standard during the decline of the enlargement.

6. The general thoracic enlargement (*l'ampliation*) has been the same in all acute diseases, except in certain exanthemata, such as scarlatina, and especially variola and erysipelas of the face, where, generally, it was of much shorter duration (*beaucoup plus courte*); in variola it had terminated before the complete development of the eruption.

7. In typhoid fever, and the various acute diseases of the abdomen, this enlargement could not always be regularly established, on account of particular causes, which, in these diseases, are apt to make the general capacity of the chest vary irregularly.

8. This general enlargement, accompanying a diminution of the thoracic elasticity, is owing to the pulmonary congestion coincident with the general symptoms by which acute diseases are ushered in.

This congestion, revealed by mensuration, is hence an important element of acute diseases.

9. Neither the greater or lesser frequency of the pulse, nor blood-letting, gastro-intestinal evacuations, or dietetic regime, have appeared to influence the different stages of thoracic enlargement.

10. In a small number of cases, the accidental presence of gas in the digestive organs, and the oscillations of the pulmonary congestion itself, modify the thoracic enlargement.

11. Waste of the body produces, in certain cases, very slow and irregular thoracic retrocession, which must not be confounded with the retrocession of the thoracic enlargement of acute diseases.

12. Enlargement, while increasing, announces, as a general rule, the progress of the disease; stationary enlargement, its persistence; when declining, resolution. The retrocession of the thoracic enlargement in the third stage often indicates the abatement of the disease before the diminution of its symptoms or local signs.

We fully agree with Dr. DeChambre when he adds: "We dare not affirm that these results are of a nature often to enlighten the practitioner, who ordinarily, in acute diseases, has other means of diagnosis at his disposal. Nevertheless, the truly remarkable facility with which the dimensions and the elasticity of the thorax are diminished may furnish, in certain obscure cases, valuable information." If of no import in a diagnostic or therapeutic point of view, the researches of Mr. Woillez have established at least another general fact in the natural history of disease, and facts are the rude stones out of which the temple of science is reared.

L.

10. *Chlorate of Potassa*.—It is now many years since we first used the chlorate of potassa in cases where it seemed necessary or desirable to avail ourselves of the stimulating influence of oxygen. We have given the chlorate in cough or other mixtures, or have made a spontaneous Dover's powder, substituting the chlorate for the sulphate of potassa, in that preparation. We have been much pleased with its action in many low states of the system, as in scarlet fever, stomatitis, consumption, bronchitis, and bowel complaints, but we never thought of using it for everything.

The French, who are apt to make the most of an idea when it gets into their heads, seem to be trying the virtues of this salt in various conditions of the system. We find in the *Atlanta (Ga.) Medical and Surgical Journal* for March, 1858, a translation from the *Gazette des Hopitaux*, on the treatment of typhoid fever with chlorate of potassa. M. A. Bellentani has used this drug for the last six months in all forms

of typhoid fever, thus far with excellent effects; the disease has been controlled, its symptoms ameliorated, and convalescence established without delay. He gives daily the following portion: *gum-water two ounces, lemon syrup one ounce and a half, chlorate of potassa two scruples*. He increases the salt of potassa one scruple every other day, but has never given more than two drachms in twenty-four hours. For drinks, acidulated infusions, or fresh water, taken freely; a lavement of fresh water every day; applications to the abdomen of cold compresses, wet with the following solution: *water one quart, chlorate of potassa one ounce, muriatic acid two drachms and a half*. When convalescence begins to take place, which is usually between the fifteenth and thirtieth days, he discontinues all medication, and nourishes the patient.

Dr. James Morrison, of California, writes in the *Pacific Medical and Surgical Journal*, in corroboration of the views of M. Bellentani, and says that Prof. Chew, of the University of Maryland has, for at least twelve years, employed the same remedy in the same disease with the most gratifying results. Dr. Chew's formula is as follows: *chlorate of potassa one drachm, bicarbonate of soda and gum acacia of each two drachms, water eight ounces*; dose, a tablespoonful every two hours, until the commencement of convalescence.

Dr. V. H. Taliaferro; of Atlanta, Ga., also recommends it in the same number of the *Atlanta Journal*, in the same disease. His formula for using it for an adult is as follows:—

R.—Sol. potass. chlor. (ad sat.) ℥iv;
Tinct. verat. virid. ℥ss.—M.

S. A tablespoonful every three hours through the day, with an opiate at night.

Dr. Dethan (*L'Union Médicale*) recommends it highly for its sialogogue properties, and as an antidote to mercurial salivation. He says that its rapid and incontestable effects in mercurial salivation, by checking the formidable mercurial affection, have permitted practitioners to continue the mercury without fear, and thus to contend, without remission, against any constitutional infection.

As it is not always necessary that the salt should be swallowed to manifest its peculiar effects on the mucous membrane, Dr. Dethan suggests the use of the remedy in the form of *pastiles*, so that the patient may have at hand a remedy against the injurious effects of a mercurial treatment, which he may be undergoing.

If it is true that in this form the chlorate of potassa has any appreciable effect, we would suggest its employment in the same form in some diseases of the lungs and air-passages.

Dr. A. S. Palmer says, in the *Cincinnati Lancet and Observer*, that he has used the chlorate of potassa in a number of cases of gonorrhœa as an injection, with decided advantages; not one case has failed of being cured within five days. He uses it in the proportion of six grains to the ounce of rain water.

11. *Yellow Fever at Lisbon*.—We find the following in the *New Orleans Medical News*, taken from the *London Lancet* of Jan. 9th:—

Since the 9th of September last, yellow fever has raged in Lisbon, and during one hundred and five days, 13,482 cases occurred, with 4,759 deaths. The last cases are reported on the 22d of December, and the plague was apparently stayed by the setting in of cold weather. Twenty years ago, it was generally believed that yellow fever, in its virulent epidemic form, was confined to intertropical regions; but of late years it has crept along the coast of America to places where it was formerly altogether unknown, and has now attacked, in a malignant form, a city of Europe, situated in latitude 38° 42'. The French authorities have, therefore, taken the alarm, and wisely adopted precautions to avert, if possible, the outbreak of the disease in France. The lazarettoes, which have been long disused, are preparing for the reception of invalids, and Dr. Melier, Inspector-General of the French sanitary services, is making a tour of the ports, and adopting rules in each of them for the due establishment of quarantine. One large transport ship, which arrived from Senegal, with 186 invalids on board, has been prevented from landing her passengers at Brest, because she had unfortunately entered the Tagus on her passage, although no yellow fever appeared on board. In such cases, the International Sanitary Convention decrees that ten days must elapse, without the occurrence of yellow fever, between the touching at an infected port and the removing of quarantine.

12. *Eczema of the Face in Children*.—Dr. Behrend recommends the following application for the crusts which frequently cover the faces of children:—

R.—Ol. morrhue xv;
Sodæ bicarb. ij parts.

13. *Obstinate Menorrhagia*.—In the January No. of the *Amer. Med. Monthly*, we find a valuable paper relative to the use of injections of tincture of iodine in menorrhagia (the os having previously been dilated), when there is reason to suspect the presence of fungosities in the cavity of the womb. The relief was immediate and permanent. In the cases mentioned, every other means had been tried without lasting benefit. The writer of this paper, Dr. Savage, of London, believes the artificial dilatation of the os and cervix uteri prevents any ill effects resulting.

¹ It is now more than sixty years since the yellow fever prevailed in Philadelphia as a terrible epidemic, paralyzing, for a time, the commerce of that city.—*ED. MED. AND SURG. REPORTER*.

MEDICAL SOCIETIES AND CLINICAL REPORTS.

ART. VI.—*Philadelphia County Medical Society.*

March 10, 7½ P. M. Dr. John Bell, President, in the Chair.

Dr. JEWELL moved a vote of thanks to the late President, Dr. Emerson, for his address delivered before the society, and that he be requested to furnish a copy for publication. Carried.

Dr. R. P. THOMAS read a very interesting paper on the use of anæsthetics, which we much regret being unable to lay before our readers *in extenso*. In common with the members who took part in the debate, he had arrived at the conclusion that *ether*, or a mixture of *ether and chloroform* (two to one) were best, and preferable to any other anæsthetics. *Amylene* was decidedly dangerous, as several had died already from its use. The mixture of ether and chloroform should not be used after standing, to prove which, the speaker gave several instances of bad results from an evident decomposition having taken place.

He was followed by Drs. Jewell, Coates, H. Hartshorne, and Turnbull, who coincided in his remarks.

Adjourned.

[By an alteration in the Constitution some years ago, this is the last *conversational* meeting till September. It is much to be regretted that this is so, as these interesting meetings might be continued for at least two months longer, and with much profit to all. Our medical men of Philadelphia are not together often enough, and hence much is lost that might otherwise be preserved and prove of benefit to suffering humanity. ED. MED. AND SURG. REP.]

ART. VII.—*Scott County, Iowa, Medical Society. Annual Meeting.*

THIS Association convened at the Council Chamber in Davenport, on Tuesday the 26th of Feb. Dr. E. J. Fountain was called to the chair, in the absence of the President. Minutes were read and approved. A large number of members were present. The Auditing Committee made their report, which was accepted. Censors' report in relation to Dr. C. S. Shelton was taken up; Dr. S. was elected and invited to sign the Constitution.

Dr. BAKER, according to appointment, read an able dissertation, for which a vote of thanks was tendered.

The Committee on Constitution and By-Laws (Drs. Carter, Thistle, and Adler), made a report, which was read and referred back, with instructions to report at the next regular meeting, the Committee being increased by the addition of Drs. Saunders and Baker.

An election for officers for the ensuing year took place, and resulted as follows, viz :—

President, Dr. T. J. SAUNDERS.

Vice-President, Dr. JAS. THISTLE.

Secretary, Dr. ALFRED H. AMES.

Treasurer, Dr. J. J. TOMSON.

Censors, Drs. J. W. BAKER, JNO. M. ADLER, and E. J. FOUNTAIN.

Dr. BAKER read a paper of much interest respecting a case of Retention of Placenta occurring in his practice, and exhibited the specimen.

Dr. C. C. PARRY was appointed by the President to deliver an essay at the next regular meeting, and the society adjourned to meet on the last Tuesday in April, at Davenport.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

ART. VIII.—*The Secretary and the Excito-Secretory System.* By H. F. CAMPBELL, A. M., M. D., &c. Prof. of Anatomy in the Medical College of Georgia (Augusta). Philadelphia: J. B. Lippincott & Co., 1857.

THIS is a collection of essays presented by Dr. Campbell to the Am. Med. Association at various times. It comprises a new classification of febrile diseases; an exposition of the ganglionic pathology of continued fevers, as illustrated in typhus and typhoid; the prize essay on the excito-secretory system of nerves in its relations to physiology and pathology; and a letter to Dr. M. Hall, of London, claiming priority in the discovery and naming of the excito-secretory system of nerves. To the physiologist, this work presents much matter of importance, and we are much pleased that these essays have been thus collected and preserved from the fate they would have met with in the form of pamphlets. Dr. C., for the present, maintains a dignified silence in respect to the efforts of Drs. Allen, Paine, and others, to deprive him of the honor of discovering the excito-secretory function of the spinal nerves. We commend it to our brethren as well worthy of a careful perusal.


ART. IX.—*Livingstone's Explorations and Travels in South Africa.*
J. W. Bradley : Philadelphia, 1858. Pp. 446.

IN this volume we have presented to us the whole of Dr. Livingstone's travels, omitting only scientific details, thus reducing the size and price of the volume more than one-half. We expect it will be much more popular than the larger edition, as the majority of readers avoid the "dry portions," and seize with avidity upon adventures, etc.

ART. X.—*A Report on Diseases of the Cervix Uteri.* By JOS. A. EVE, M. D., Prof. of Obstetrics, &c., in the Medical College of Georgia. Read before the Medical Society of Georgia, April, 1857.

A VALUABLE monograph, and well worthy of being preserved. We hope Dr. Eve will, at no distant day, amplify the subject as it demands.

** We expected to have had a notice of Prof. Miller's excellent work on obstetrics prepared for this number, but circumstances have been such that we are compelled to delay it to our next issue.

 Prof. Martyn Paine's work on the *Institutes of Medicine* came to hand too late for notice this month.

EDITORIAL.

REMOVAL OF THE REPORTER TO PHILADELPHIA.

THIS is once more "the beginning of months" with us. For a long time, circumstances have been pointing to the ultimate removal of the REPORTER to one of our large cities. It has been printed in Philadelphia most of the time since our connection with it, and we have been subject to the annoyance, expense, and delay of the transmission of proofs and revises, and our readers to the vexation of receiving their numbers behind time. For, although we generally put the work to press by the 18th or 20th of the month, we have seldom been able to mail it before the 10th or 12th of the month of publication.

It has been evident, too, for some time past, that there must be a division of labor. For nearly eight years, we have been our own publisher, have done our own editing, correspondence, book-keeping, proof reading, mailing, and all the *etceteras* connected with a publishing establishment. At first, this imposed very little additional labor upon us. Now, however, with a largely increased and steadily increasing circulation, it has become time for us to throw off this burden, which we cannot well do without taking the work to a larger city, where the facilities for publishing are abundant. Another reason for removal is, that in a larger city we can much more readily command the co-operation of other members of the profession in the various departments of our work, which will be greatly to the advantage of our readers.


Since the discontinuance of the *Medical Examiner*, there has seemed to us to be room in Philadelphia for a *monthly*, conducted in such a manner as we hope the REPORTER ever will be, without encroaching on the rights of the well known and ably conducted journals already published here. With them it shall ever be our aim and desire to cultivate the most friendly feelings, and to co-operate in advancing the welfare of our profession.

It is our intention still to pursue a perfectly independent course

—that is, independent of any school or special publishing interest, and to represent, with all the ability we can command, the interests of our profession as a whole, or as connected with our various medical organizations, National, State, and local. We are aware that journals connected with schools or publishing houses are apt to *pay* better than those supported entirely by private enterprise, but we have not yet been able to see how they could as well represent the interests of the whole profession as those entirely independent of such connection.

We have associated with us, as assistant editor, Wm. B. Atkinson, M. D., who has long been favorably known to the profession of this city, and, indeed, of the whole country, through his communications to the medical press. For many months our readers have been indebted to Dr. Atkinson for communications from Philadelphia, and for the reports of the Philadelphia County Medical Society. We can assure our readers that they will find in Dr. Atkinson an able, earnest, and indefatigable laborer, and one calculated to add to the popularity and usefulness of the *REPORTER*.

In conclusion, we would add, that while we leave New Jersey soil, we do not intend to forsake our New Jersey friends, who sheltered and nourished us in our infancy, and have liberally supported us through the years of childhood until we have acquired the stature of a full grown man among our medical periodicals, which, unfortunately for the cause of medical literature among us, are generally short-lived, and, we may add, "full of tribulation" while they do exist. We think that our New Jersey friends will find ultimately that our removal to this city will be greatly to their own advantage, and hope that they may ever have reason to be proud to acknowledge that we had our birth and education among them.

 Books, exchanges, letters, &c., should be directed to the editors at the office of publication, No. 48 North Fourth St., Philadelphia.

SALUTATORY.

It is with no ordinary feelings that we assume the chair as co-editor of the *REPORTER*, being fully aware of the weighty responsibility resting from this moment upon our shoulders. But, having taken this important step, our duty is plain. It shall be our

earnest endeavor to prove ourselves worthy of the confidence thus reposed in us, and to make our Journal an important accessory to every member of our noble profession. We hope our efforts will be appreciated by the fraternity, and that each one will consider it his duty to second them to the best of his ability.

WM. B. ATKINSON.

MEDICAL MISSIONARIES.

Among the noblest objects to which members of our benevolent profession devote their time and energies, is that of the spiritual and temporal well-being of the millions of our fellow-men who are destitute of the light of a pure Christianity and its elevating influences as exhibited in the civilization which distinguishes those nations of the earth where its doctrines are in the ascendant.

The American Board of Commissioners for Foreign Missions, the largest missionary body in our country, has a large number of medical missionaries in its service in different parts of the world. The following list comprises a large portion, though we believe it does not include all of them:—

Dr. Jewett, Sivas, Turkey; Dr. Wright, among the Nestorians, in Asia Minor; Drs. Haskell and Nutting, Assyrian Mission; Drs. Muzzy and Shelton, Madura, India; Dr. Green, Ceylon; Dr. Ball, Canton, China; Drs. Gulick and Pierson, Micronesia, Pacific Ocean; Dr. Ford, Gaboon, Africa; Dr. ———, Zulu, Africa; Dr. Van Dyck, Syria; Dr. Abbott, Ahmednugger, India; Dr. Hobbes, Choctaw Nation; and Dr. Williamson, among the Sioux Indians.

All the above are readers of the *REPORTER*, and it is probable that some of them will be occasional contributors to our pages. They are all intelligent, well educated men, and their opportunities for studying disease and the natural history of man are excellent.

We perceive that the Board is appealing for more young physicians to supply the wants of missions among the Nestorians, in India, and in Micronesia.

MEDICAL GRADUATES IN PHILADELPHIA AND NEW YORK.

The medical colleges of Philadelphia and New York hold their annual commencements in February, March, and April. The following are the number of graduates in each school so far as we have been able to ascertain:—

In Philadelphia.

University of Pennsylvania	145
Jefferson Medical College	209
Pennsylvania " "	35
Philadelphia " "	18

In New York.

College of Physicians and Surgeons	53
University of New York	127
New York Medical College	33

EDITORIAL CORRESPONDENCE.

BOSTON.

CITY HOSPITAL.

Boston, March 8th, 1858.

THE much talked of hospital is still in embryo, if, indeed, the ovum has not become blighted. If we ever have it brought into existence, there will be curious evidence of a most protracted gestation. The City Government amuse and excite us with their varied course of action. The building purchased for the purpose it is now proposed to sell. It is too good. It is too large. It is too small. It is not good enough. We don't need a City Hospital. They remind us of the thimble riggers—"Now you see it, and now you don't," &c. Whenever political advancement requires men to advocate it, we shall have a hospital; you may be sure of that.

UNITY OF RACES.

The question of interest among your readers in Boston is, "When will you get through with the discussion of this subject?" It seems to them that neither party to it can ever be satisfied, because they start with different premises. A theological journal, or a literary review, in their estimation, would be a more proper field than a journal of practical medicine for these articles. The matter is perhaps a very important one, but this generation will not settle it, nor any other, to the satisfaction of all parties. Scientific men will argue solely upon scientific grounds, and theologians will not and cannot meet them upon these grounds. Copernicus and the church cannot meet on equal terms.

QUACK MEDICINES.

The Council of the Massachusetts Medical Society have lately passed some stringent resolutions concerning recommendations of secret medicines, requiring their fellows to withdraw their certificates where they have been given in favor of certain articles, the composition of which is not made public, and forbidding them, in future, to give such certificates. This action is very good, but the rules will not probably be enforced, unless it be in case of some one unknown to fame. The only way to stop the sale of quack medicines would be to have analyzed every such article as soon as it appears, and publish the analysis. This would at all events reduce the price of them; and as soon as they won't pay, the manufacture would stop.

HOMŒOPATHY.

This was the subject of discussion at a late meeting of the Suffolk District Medical Society. The text was a letter from Dr. James Jackson to a medical friend. The meeting was one held for medical improvement, and the discussion would not have been permitted, but for the respect which every man had for the writer. It is due him to say, that he never intended that his letter should be brought forward there, and those who would have objected to its being read were unwilling that their motives should be misconstrued. The remarks were somewhat amusing. There were two or three classes of disputants. One took the open ground, that if a homœopathist were a member of the Society, he could very properly consult with him. Others dodged the question, by saying, "They did not know whether they could be said to consult; they advised or dictated." Some wicked one, it is said, thought the question might be decided easily, if these gentlemen would say what fee they charged on such occasions. Dr. Buck, it seems to me, took the only sensible ground. As an honest man, he *could* not meet in consultation any man who believed in homœopathy, and he would not meet one who practised it without believing in it. All honest homœopathists could not meet him, and he was very certain that there were honest homœopathists. If a family wished homœopathic treatment, and were under his care, as a man, he was bound to let them have their own way, and withdraw. This whole subject is an ugly one for us in Massachusetts. Our Medical Society labors under certain disabilities by its charter. The time will come when it will get rid of them, but, as the treasurer, Dr. Gould, remarked, the first move has got to be made by the two chartered medical schools of the State, whose graduates we are bound to receive into fellowship, whether we wish or no. When the day comes

that they can make it pay to refuse degrees to students of homœopathic physicians and other quacks, though they may be regularly graduated quacks, there will be no union with homœopaths. They will doubtless cast the first stone as soon as they are without sin.

ERUPTIVE FEVERS.

Boston has been for a long time without an epidemic of smallpox. Vaccination is carried to a very perfect extent. Indeed if it were not for the ingress of people from the British Provinces and Maine, I believe smallpox would in a few years become a matter of history.

Scarlet fever we have every winter. This year it has been very mild, and many physicians have seen none of it.

Measles, on the contrary, has been in almost every family where there are children, but it has been very mild.

The winter has been so open, with occasional cold days, that pulmonary affections have been quite common, and croup has been more than usually prevalent. The same may be said of catarrhal troubles.

Diarrhœa, and even dysentery, have been common. The former has in many cases followed measles, but I do not see any evidence that both have been difficult to treat.

Rheumatism we have at all seasons, and I should think more than usual this winter.

Our weekly bills of mortality have not been large, as you have seen by the pages of the *Boston Medical and Surgical Journal*. C. E. B.

NECROLOGY.

DR. DANIEL POLHEMUS died at his residence in Englishtown, N. J., on Monday, the 1st of March, after a short but severe illness, in the 50th year of his age. He had a large circle of relatives and friends, by whom he was esteemed and beloved, as well as by the whole community in which he resided. In his death, Englishtown has lost one of its brightest and most useful citizens, and the public a skilful, humane, and attentive physician. He died as he lived—a true and devout Christian.

AMONG those lost by the burning of the steamer *Eliza Battle*, on the Tombigbee River, in Alabama, recently, we regret to see the names of Drs. S. W. CLANTON and S. H. JONES. The former is reported as "frozen," the latter as "never seen."

Dr. Clanton resided at Warsaw, Ala., and was a prominent member of the profession of that State, and one who has ever taken an interest in the American Medical Association.

DIED, at Moorestown, N. J., March 19, 1858, S. C. THORNTON, Sr., M. D., in the 65th year of his age.

—, at his residence in Yardleyville, Bucks Co., Pa., Sept. 10, 1857, ALFRED SMITH, M. D., in the 44th year of his age. The deceased had been actively engaged in the practice of medicine for the past twenty years, and at the time of his death had a very extensive practice. He complained of feeling unwell on the 1st of September, but continued to visit his patients until noon the next day. His disease, which at first presented the ordinary symptoms of bilious fever, soon grew worse, and terminated on the 10th, presenting the characters of pernicious fever, the distinctive features of which, however, did not present themselves until a day or two before his death. He was deservedly a popular physician, and his loss is deeply felt. He leaves a widow and two children—a son and daughter.

Extract from the Minutes of the "Newark Medical Association," approved December 14, 1857:—

Whereas, This Association receives with profound sorrow the announcement that Dr. SMITH SOUTHARD is dead—so early in his professional career—with the promise of successful life unfulfilled—having given by his assiduity in his studies, and his ever gentle and modest demeanor, a guarantee of prosperous professional labor—

Resolved, That this Association manifests its respect for his memory by tendering to his brother, our fellow-member, and other relatives, its deepest condolence, and the assurance of its sorrow.

Resolved, That this preamble and resolutions be entered upon the minutes of this Association, and a copy be presented to the relatives of deceased, and that it be published in the MEDICAL AND SURGICAL REPORTER, and in the daily papers of this city.

A. W. WOODHULL, M. D., *Secretary*.

Aug 31, 1858.